

## Attachment 4

### Site Level Audit Checklist Records

Site Level OSH Programs	Date: 04/07/08	Auditor: R. Selvey		
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
<p><b>OHSAS 18001 STANDARD:</b> <i>The organization shall establish, implement and maintain procedure(s) for the ongoing identification of hazards, risk assessments, and determination of necessary control measures. These procedure(s) for hazard identification and risk assessment shall take into account: a.) routine and non-routine activities; b.) activities of all personnel having access to the workplace (including contractors and visitors); c.) human behavior, capabilities and other human factors ;d.) identified hazards origination outside the workplace capable of adversely affecting the health and safety of persons under the control of the organization within the workplace; e.) hazards created in the vicinity of the workplace by work-related activities under the control of the organization; f.) infrastructure, equipment and materials at the workplace, whether provided by the organization or others; g.) changes or proposed changes in the organization, its activities or materials; h.) modifications to the OH&amp;S management system ,including temporary changes, and their impacts on operations, processes, and activities; i.) any legal obligations relating to risk assessments and implementation of necessary controls; j.) the design of work areas, processes, installations, machinery/equipment, operating procedures and work organization, including their adoption to human capabilities.</i></p> <p><i>The organization's methodology for hazard identification and risk assessment shall: a.) be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive; b.) provide for the identification, prioritization and documentation of risks and the implementation of controls, as appropriate.</i></p> <p><i>For the management of change, the organization shall identify the OH&amp;S hazards and OH&amp;S risks associated with changes in the organization, the OH&amp;S management system, or its activities, prior to introduction of such changes.</i></p> <p><i>The organization shall ensure the results of these assessments are considered when determining controls.</i></p> <p><i>When determining controls, or considering changes to existing controls, consideration shall be given to reducing the risks according to the following hierarchy: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment.</i></p> <p><i>The organization shall document and keep the results of the identification of hazards, risk assessments, and determined controls up-to-date.</i></p> <p><i>The organization shall ensure that the OH&amp;S risks and determined controls are taken into account when establishing, implementing and maintaining its OH&amp;S management system.</i></p>	Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
<p>1. <b>Does the site have written procedure[s] that address Planning For Hazard Identification, Risk Assessment and Risk Control? Are they up-to-date and cover current scope of operations?</b></p> <p>Observed State: The newly issued OHSAS 18001 Program Subject Area addressed this topic. It was recently developed (01/2008) and was tailored to describe the program line organizations currently use to implement OHSAS.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. <b>Have the site's risks changed in a manner that necessitated a change in the written procedure[s]? Were they up-to-dated to cover the scope of the change?</b></p> <p>Observed State: The site's risk have not elevated or reduced in FY07-08. The Emergency Planning Office is tracking the start on work on remediation projects which have the potential to increase the risks on site. Nanomaterials was added in 2006 and the program is maturing as documentation transitions from interim to permanent status. EWMSD is pursuing reduction of facilities from Nuclear to Radiological, but this has not happened yet. The current Hazard/Control list is suitable.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <b>Do the site level procedure[s] address implementing controls via the hierarchy of controls: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment.</b></p> <p>Observed State: The individual subject areas on hazard/risk control address this element as appropriate. Hierarchy of Controls is followed in: <i>Work Planning and Control</i>, Section 3; <i>PPE Subject Area Handbook Introduction</i>; <i>Radiological Control Manual</i>, Chapter 3; <i>Interim 2006-001 Approach to Nanomaterials ESH</i>; <i>ISO 14001 Plus EMS Manual</i>; and the <i>Exhaust Ventilation Subject Area Introduction</i>.</p> <p>However:</p> <ul style="list-style-type: none"> <li>• The site level <i>OHSAS 18001</i> Subject Area does not mention this topic using the exact words and intent of the term "hierarchy of controls". Text should be added. <b>[Minor NC]</b></li> <li>• <i>Respiratory Protection</i> Subject Area does not state that respirators are last in a Hierarchy of Controls. It does state: "<i>The assessment must first evaluate feasible engineering and administrative controls that could eliminate the need for respiratory protection equipment.</i>" The order of Hierarchy of Controls is not specifically stated. Text should be added <b>[OFI]</b></li> <li>• The <i>Hazard Analysis</i> Subject Areas speaks of Administrative Controls and Design features but does not mention a hierarchy in choice of implementation. Text should be added <b>[OFI]</b></li> <li>• Several operation specific Subject Areas refer to controls and PPE without a hierarchy statement, including: <i>Working with Chemicals</i>; <i>Electrical Safety</i>; <i>Laser Safety</i>; <i>Lead</i>; <i>Noise and Hearing Conservation</i>; <i>Static Magnetic Fields</i>; and <i>RF/Microwave Subject Areas</i>. Text should be added <b>[OFI]</b></li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. <b>Do the site level procedure[s] address a.) routine and non-routine activities ;b.) activities of all personnel having access to the workplace (including contractors and visitors);c.) human behavior, capabilities and other human factors ;d.) identified hazards origination outside the workplace capable of adversely affecting the health and safety of persons under the control of the organization within the workplace; e.) hazards created in the vicinity of the workplace by work-related activities under the control of the organization; f.) infrastructure, equipment and materials at the workplace, whether provided by the organization or others; g.) changes or proposed changes in the organization, its activities or materials; h.) modifications to the OH&amp;S management system ,including temporary changes, and their impacts on</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>operations, processes, and activities; i.) any legal obligations relating to risk assessments and implementation of necessary controls; j.) the design of work areas, processes, installations, machinery/equipment, operating procedures and work organization, including their adoption to human capabilities.</p> <p>Observed State: BNL has requirements in Subject areas for those activities done by others such as Asbestos, Construction, Confined Spaces, Diving, Engineering Design, and Work Planning and Control. More details are found in PE ES&amp;H 500 Project Environmental, Safety, and Health Review.</p>				
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <ul style="list-style-type: none"> <li>Subject Areas: Asbestos; Construction; Confined Spaces; Diving; Engineering Design; Exhaust Ventilation; Working with Chemicals; Electrical Safety; Laser Safety; Lead; Noise and Hearing Conservation; OHSAS 18001 Program; Static Magnetic Fields; RF/Microwave; Work Planning and Control</li> <li>Radiological Control Manual</li> <li>Interim 2006-001 Approach to Nanomaterials ESH</li> <li>ISO 14001 Plus EMS Manual.</li> <li>PE ES&amp;H 500 Project Environmental, Safety, and Health Review Rev9, 03/16/06</li> </ul>				
COMMENTS:				
<p>FINDING:</p> <ul style="list-style-type: none"> <li>The site level OHSAS 18001 Subject Area does not use the exact words of "hierarchy of controls" and express the exact intent of this element. [Minor NC]</li> <li>The Subject Areas Respiratory Protection; Hazard Analysis; Working with Chemicals; Electrical Safety; Laser Safety; Lead; Noise and Hearing Conservation; Static Magnetic Fields; and RF/Microwave have vague wording on Hierarchy of Control and could be improved with more specific wording [OFI]</li> </ul>				

Site Level OSH Program		Date: 04/07/08		Auditor: R. Selvey		
Element: 4.3.3		Title: Objectives and program(s)				
<p>OHSAS 18001 STANDARD: <i>The organization shall establish, implement and maintain documented OH&amp;S objectives, at relevant functions and levels within the organization.</i></p> <p><i>Objectives shall be measurable, where practicable, and consistent with the OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement.</i></p> <p><i>When establishing and reviewing its objectives, an organization shall take into account the legal requirements and other requirements to which the organization subscribes, and its OSH risks. It shall also consider its technological options, its financial, operational and business requirements, and the views of interested parties.</i></p> <p><i>The organization shall establish, implement, and maintain a program[s] for achieving its objectives. Program[s] shall include at a minimum: a.) designation of responsibilities and authority for achieving objectives at relevant functions and levels of organizations; and b.) the means and time frame by which the objectives are to be achieved.</i></p> <p><i>The program[s] shall be reviewed at regular and planned intervals and adjusted as necessary, to ensure that the objectives are achieved.</i></p>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement	
<p>1. <b><i>Are site level Objectives established and at what frequency?</i></b></p> <p>Observed State: Site level Objectives have been posted on the site OSH web page. They are dated: 08/29/07. They have not been updated.</p> <p><b><i>Are they reviewed and approved by senior management?</i></b></p> <p>Observed State: Site level OSH Objectives were prepared, reviewed with the line organizations, finalized (08/29/07), and posted on the site OSH site. They were made available to line organizations prior to the start of FY08 so that they could be used on roll-down for line organization planning.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>2. <b><i>Are the Objectives measurable, where practicable? Are they consistent with the OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i></b></p> <p>Observed State: The suggested target section was specifically designed in FY08 to include quantifiable measures for use by the line organizations. Each objective has term such as “number of hours/per month”, “%completed”, number of sessions”. The site level Objectives avoided the “done/not done” measure as much as possible in FY08 (none listed).</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>3. <b><i>Has BNL established and is it implementing a program[s] for achieving its objectives. Does it include a.) designation of responsibilities and authority for achieving objectives at relevant functions and levels of organizations; and b.) the means and time frame by which the objectives are to be achieved.</i></b></p> <p>Observed State: The site level objectives were not assigned a champion. The site level Objectives were meant to be implemented mostly by line organizations or SHSD program owners. Tracking was left to those who selected an objective and were to implement it at a line organization level. It would be better to assign a “champion” at the site level to track the progress by the line organizations towards meeting the site goals. This actions occurs at the Site Level OSH Management Review (i.e. status is determined), but the current process allows tracking the status only after the year has ended.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:						
<ul style="list-style-type: none"><li>• FY2008 ESH Objectives and Targets 08/28/07.</li><li>• OHS Management Reviews - BNL Site Level 2007</li><li>• OHSAS 18001 Program Subject Area</li></ul>						
COMMENTS:						
FINDING:						
OFI: Assign a champion to site OSH Objectives.						

Site Level OSH Program		Date: 04/07/08	Auditor: R. Selvey
Element: 4.4.4	Title: Documentation		

OHSAS 18001 STANDARD: <i>The OH&amp;S management system documentation shall include: a.) the OH&amp;S Policy and objectives; b.) description of the scope of the OH&amp;S management system; c.) description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents; d.) documents, including records, required by this OHSAS Standard; and e.) documents, including records, determined by the organization to be necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risks.</i>	Major Non-Compliance	Minor Non-Compliance	OPI	Meets Requirement
1. <b>Does the site maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OH&amp;S Policy</b> Described at the Site level in a document approved by the Laboratory Director. Dated 09/06/2006. It describes current operations and policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>Objectives</b> Developed at the Site level by Site's OHSAS Project Manager, so serve as a starting point for line organization and SHSD program owners to deploy. Accessible for line organizations to develop their own Objectives for applicable issues that they plan to address in the upcoming year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>Description of the scope of the OH&amp;S management system</b> Prepared at the site level within the new OHSAS 18001 Subject Area as Exhibit: <u>BNL's OHSAS 18001 Program Scope</u> . It is formatted per the OHSAS 18001 elements so that all topics are covered. It links to existing Subject Areas and other program documentation rather than repeating it in the OHSAS 18001 Subject Area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> Described at the Site level within the new OHSAS 18001 Subject Area or linked subject area documents from that main subject area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>Documents &amp; records required by this OHSAS Standard</b> Developed and Controlled at the Site level by Site's OHSAS Project Manager in Building 120, Room 1-22. Files are examined and are maintained under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> Site level risk assessments are prepared. They are controlled at the Site level by Site's OHSAS Project Manager for the seven site JRAs and two FRAs. Kept in Building 120, Room 1-22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
<ul style="list-style-type: none"> <li>• BNL site level OSH Web Site</li> <li>• Environmental, Safety, Security, and Health Policy</li> <li>• Site JRAs [doc]: Bicycling ; Driving ; Electrical Safety ; Manual Material Handling ; Office Work ; Travel ; Walking</li> <li>• Site FRAs [doc]: Natural Hazards in the Environment ; Research Support Building</li> <li>• OHSAS 18001 Program Subject Area</li> </ul>				
COMMENTS:				
FINDING: none				

Site Level OSH Program		Date: 04/07/08	Auditor: R. Selvey		
Element: 4.4.5	Title: Control of Documents				
OHSAS 18001 STANDARD: Documents required by the OH&S management system and by this OHSAS Standard shall be controlled. Records are a special type of document and shall be controlled in accordance with the requirements given in 4.5.4. The organization shall establish, implement and maintain procedure[s] to: a) approve documents for adequacy prior to use; b) review and update as necessary and re-approve documents; c) ensure that changes and the current revisions status of documents are identified; d.) ensure that relevant versions of applicable documents are available at points of use; e.) ensure that documents remain legible and readily identifiable; f.) ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the OH&S management system are identified and their distribution controlled, and g.) prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.		Major Non-Compliance	Minor Non-Compliance	OPI	Meets Requirement
1. Does BNL have procedures in place requiring the site and organizations to approve of documents for adequacy prior to use and reviews, update as necessary and re-approve documents? Observed State: This requirement is within the current and draft Internal Control Document Subject Area currently in the final stages of approval and posting. OH&S Policy: Controlled at the Site level by the ALD for Ash’s Office. Objectives: Controlled at the Site level by Site’s OHSAS Project Manager. Description of the scope of the OH&S management system: Controlled at the Site level within the new OHSAS 18001 Program Subject Area by the SBMS Office. Controlled at the Site level by Site’s OHSAS Project Manager in Building 120, Room 1-22. Files were examined and are maintained under control.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does BNL have procedures in place requiring the site and organizations to ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: This requirement is within the draft Internal Control Document subject Area currently in the final stages of approval and posting. That subject is not approved at the time of the Audit. The current Internal Control Document Subject Area has the following statement as guidance which does not require the text marking to appear in the posted version: For ease of review, a proposed revision to a document should be clearly indicated (i.e., a line in the margin or by highlighted text). When several individuals are reviewing the		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>document, some method of tracking should be used. The <u>Document Review Tracking Sheet</u> provides a suggested form.</i>					
3.	<b>Does BNL make site level documents available at points of use?</b> Observed State: ESSH Policy, Subject Areas, site FRAs, site JRAs, and all current site OHSAS program documents are available via the internal BNL web pages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<b>Does BNL have procedures in place requiring the site and organizations to ensure that documents remain legible and readily identifiable?</b> Observed State: This requirement needs to be added to the draft <i>Internal Control Document</i> Subject Area currently in the final stages of approval and posting. [Minor NC]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<b>Do site level documents have document control identification?</b> Observed State: All FRAs and JRAs had document form numbers and Revision Dates. The <i>OHSAS 18001 Program</i> Subject Area has Revision Date and revision history. Site Environmental, Safety, Security, and Health Policy has a revision date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<b>Are site level OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: SHSD maintains and controls distribution of the external originated OSH program documents in the Requirements Management files of the Safety Engineering and Industrial Hygiene Groups in Building 120.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<b>Does the site level prevent obsolete document from unintended use of and apply suitable identification to them if they are retained for any purpose.</b> Observed State: SHSD uses an "obsolete" stamp on documents of external origin on the OSH program that are being retained for historical purposes. The "obsolete" stamp is used on the site level OSH program files and documents are revised and older retained for reference. All active documents with web distribution are controlled by removing out-of-date versions from the web. OSH Forms and fill-in documents have form numbers: <ul style="list-style-type: none"> <li>Industrial Hygiene Self Assessment Guidance Cards have form numbers.</li> <li>OSH Internal Audit Checklists have form numbers.</li> <li>FRA and JRA forms have form dates and revision numbers.</li> <li>Emergency Preparedness and Response drill forms have revision numbers (no date).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> <ul style="list-style-type: none"> <li>BNL Site Level JRA/FRA Guidance to Hazards and Controls from the site OSH web site.</li> <li>Environmental, Safety, Security, and Health Policy.</li> <li>Site JRAs: Bicycling; Driving; Electrical Safety; Manual Material Handling; Office Work; Travel; Walking.</li> <li>Site FRAs: Natural Hazards in the Environment; Research Support Building.</li> <li>Internal Control Documents Subject Area.</li> <li>OHSAS 18001 Program Subject Area.</li> </ul>					
<b>COMMENTS:</b>					
<b>FINDING:</b>					
Minor NC: The Internal Control Document Subject Area in the 2006 version is missing some elements needed for OHSAS. The 2008 draft needs to be finalized, approved, and posted on the SBMS web.					

<b>Site Level OSH Program</b>		Date: 04/07/08		Auditor: R. Selvey	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			
<b>OHSAS 18001 STANDARD:</b> <i>The organization shall determine those operations and activities that are associated with identified hazard(s) where the implementation of controls is necessary to manage the OH&amp;S risks. This shall include the management of change.</i> <i>For those operations and activities, the organization shall implement and maintain: a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&amp;S management system; b.) controls related to purchased goods, equipment and services; c.) controls related to contractors and other visitors to the workplace; d.) documented procedures, to cover situations where the absence could lead to deviations from the OH&amp;S policy and the objectives; e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.</i>		Major Non-Compliance	Minor Non-Compliance	OPI	Meets Requirement
1. <b>Does BNL have site level program[s] to implement:</b> <input type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system; <input type="checkbox"/> b.) controls related to purchased goods, equipment and services; <input type="checkbox"/> c.) controls related to contractors and other visitors to the workplace; Observed State: Work Planning and Control for Experiments and Operations Subject Area is the main driver for procedures to cover this element. ES&H hazards are also identified in facility design via PE ES&H 500 Project Environmental, Safety, and Health Review. The Subject Area: Credit Cards, Procurement has restriction on purchases of PPE items of high consequence. The Subject Area: Purchase Requisition Review for Quality-related Requirements provides a graded approach commensurate with the potential that an ES&H event/failure of the purchased item will occur.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>2. <b>Do site level OH&amp;S programs, include the management of change?</b> Observed State: The <i>OHSAS 18001 Program</i> Subject Area requires Adding, reviewing, and/or updating Job or Facility Risk Assessments when change occurs (3-yr review) to ensure that they reflect current jobs and/or conditions at site or facility; As part of the commissioning of new facilities; Before beginning new operations or when operations change that affect the risk; and in conjunction with an accident, injury, illness, critique, occurrence, near miss, or OSH non-conformance associated with an activity, facility, or area. The current <i>Internal Control Document</i> subject area requires reviews, but does not have all the specifics of the OHSAS elements. The draft 2008 revision of <i>Internal Control Document</i> subject area has been modified with the needed text.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <ul style="list-style-type: none"> <li>• <i>Engineering Design</i> Subject Area</li> <li>• <i>Internal Control Documents</i> Subject Area</li> <li>• <i>Credit Cards, Procurement</i> Subject Area</li> <li>• <i>PE ES&amp;H 500 Project Environmental, Safety, and Health Review</i> 3/16/06 Rev9</li> <li>• <i>Project Management</i> Subject Area</li> <li>• <i>Purchase Requisition Review for Quality-related Requirements</i> Subject Area</li> <li>• <i>Work Planning and Control for Experiments and Operations</i> Subject Area</li> <li>• <i>OHSAS 18001 Program</i> Subject Area</li> </ul>				
COMMENTS:				
FINDING:				
Note: The draft status of the 2008 revision of <i>Internal Control Document</i> has been noted in earlier findings. It is not repeated here.				

Site Level OSH Program		Date: 04/07/08		Auditor: R. Selvey	
Element: 4.5.3	Title: Incident investigations, Nonconformity, Corrective and Preventive Action				
<p>OHSAS 18001 STANDARD:</p> <p>4.5.3.1: Incident Investigation: The organization shall establish, implement and maintain a procedure(s) for record, investigate and analyze incidents in order to: a.) determine underlying OH&amp;S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; b.) identify the need for corrective actions; c.) identify opportunities for preventative action; d.) identify opportunities for continual improvement; d.) communicate the results of such investigations. The investigations shall be performed in a timely manner. Any identified need for corrective action or opportunities for preventative action shall be dealt with in accordance with relevant parts of 5.4.3.2. The results of incident investigation shall be documented and maintained.</p> <p>4.5.3.2 Nonconformity, Corrective Action, and Preventative Action: The organization shall establish, implement and maintain a procedure(s) for dealing with actual and potential nonconformities and for taking corrective actions and preventative actions. The procedure(s) shall define requirements for: a.) identifying and correcting nonconformity(ies) and tracking action(s) to mitigate their OH&amp;S consequence; b.) investigating nonconformity(ies), determining their cause(s) and taking actions in order to avoid the recurrence; c.) evaluating the need for action(s) to prevent nonconformity(ies) and implanting appropriate actions designed to avoid their occurrence; d.) recording and communicating the results of corrective actions(s) and preventative actions(s) taken; and e.) reviewing the effectiveness of corrective action(s) and preventative action(s) taken.</p> <p>Where the corrective action and preventative action identifies new or changed hazards or the need for new or changed controls, the procedure shall require that the proposed actions shall be taken through a risk assessment prior to implementation.</p> <p>Any corrective action or preventative action taken to eliminate the causes of actual or potential nonconformity(ies) shall be appropriate to the magnitude of problems and commensurate with the OH&amp;S risk(s) encountered.</p> <p>The organization shall ensure that any necessary changes arising from the corrective action and preventative action are made to the OH&amp;S management system documentation.</p>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
<p>1. Has BNL implemented procedure(s) for record, investigate and analyze incidents?</p> <p>Observed State:</p> <p>Subject Area: Investigation of Incidents, Accidents, and Injuries addresses this element.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Is it effective to</p> <p>a.) determine underlying OH&amp;S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;</p> <p>b.) identify the need for corrective actions;</p> <p>c.) identify opportunities for preventative action;</p> <p>d.) identify opportunities for continual improvement;</p> <p>e.) communicate the results of such investigations.</p> <p>Observed State:</p> <p>Event/Issues Management Subject Area has provisions for Initial Response to the Event , calling the Categorizer; determining Significance Category, holding Fact-finding Meetings to gather relevant documents; collate facts, and establish chronology; Analyzing Event/Issues and Conducting causal analysis; following up on actions and Extent of Condition/Cause and Developing and managing Corrective and Preventive Actions.</p> <p>The Investigation of Incidents, Accidents, and Injuries Subject Area has sections on: Investigation Coordination; Investigating and Reporting; Recovery and Return-to-Normal Activity; Close-Out/Lessons Learned; and Trending and Analysis. There are four forms and several exhibits on guidance on completing investigations. Communication is done in the form of routine data trends and analysis charts and graphs given monthly to the BNL Management Council, annual causal analysis data given to the Management Council; data entered into the DOE Computerized Accident Incident Investigation Reporting System (CAIRS); and written Lessons learned results from the incident. This subject area has no requirements on the distribution of reports from investigation. [OFI]</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. <b>Were site level investigations performed in a timely manner? (Determine the timing of investigation[s])</b> Observed State: An interview with the site Incident Investigator SME indicated All accident investigations in FY08 were conducted at the line organization level. There were no site level accident investigations. Corrective Actions for ESH issues were tracked in the Assessment tracking system (ATS) at the site level and at the line organization level (Family ATS). This system adequately notifies action owners of the status of their actions, and allows management to track status and approve or deny closure of actions from the system. In FY07 and 08, the ESH ALD began aggressively requiring electronic documentation proof to be attached to the closure requests. This will make future investigations on the appropriateness and effectiveness of closure action to be better measured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Were site level corrective actions or opportunities for preventative action determined?</b> Observed State: n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>How were the results of site level incident investigation documented and maintained?</b> Observed State: n/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Subject Area: <i>Investigation of Incidents, Accidents, and Injuries</i> ; 07/11/05 Subject Area: <i>Event/Issues Management</i> ; 09/28/06. Subject Area: <i>Nonconformances, Identifying and Reporting</i> , 12/15/2003. Interview with S. Kane, SHSD Safety Engineering Manager. Interview with J. Ellerkamp, Investigation of Incidents, Accidents, and Injuries SME.				
COMMENTS:				
FINDING: The <i>Investigation of Incidents, Accidents, and Injuries</i> Subject Area has no requirements on the distribution of reports from investigation. The document would be improved if specific details were described. [OFI]				

Site Level OSH Program		Date: 04/07/08		Auditor: R. Selvey	
Element: 4.5.4		Title: Control of Records			
OHSAS 18001 STANDARD: <i>The organization shall establish and maintain records as necessary to demonstrate conformity to the requirements of its OH&amp;S management system and of this OHSAS Standard, and the results achieved. The organization shall establish, implement and maintain a procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records. Records shall be and remain legible, identifiable and traceable.</i>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
1. Does BNL implement procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records? Observed State: The Subject Area <i>Records Management</i> covers the requirements of this element. It covers the requirements of this element.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are site OSH records legible, identifiable and traceable. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State: The <i>Site Hazard and Controls List</i> has a revision date and number. The site <i>OSH Objectives</i> have a revision date. <i>Health &amp; Safety Record/Document Management Requirements</i> have a revision number and date. Site level Internal Audit has a record date. The site level OSH Management Review has a record date. All records on the OSH web page had a revision date or number.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: OHSAS 18001 site Records: Building 120, Room 1-022 HP80.7 file cabinet and NSF Binder.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: BNL site OSH Web Site <a href="http://www.bnl.gov/esh/shsd/ohsas/default.asp">http://www.bnl.gov/esh/shsd/ohsas/default.asp</a>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: SBMS Web Site <a href="https://sbms.bnl.gov/default.cfm">https://sbms.bnl.gov/default.cfm</a>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: <ul style="list-style-type: none"><li>• BNL Site Level JRA/FRA Guidance to Hazards and Controls, Rev 1, 12/05/07.</li><li>• Site <i>ESH Objectives</i> 2008.</li><li>• Health &amp; Safety Record/Document Management Requirements.</li><li>• Internal Audit 2007.</li><li>• 2008 OSH Management Review.</li><li>• Subject Area: <i>Records Management</i>.</li><li>• <i>OSH Management Representatives list</i>, Final Rev15, 10/31/07.</li><li>• Pamphlet on Key OHSAS Principles, 05/10/07.</li><li>• OHSAS 18001 Primer, Rev0 07/12/06.</li></ul>					
COMMENTS:					
FINDING: none					

## Attachment 5

### Line Organization Checklist Records

### Basic Energy Science Directorate

Organization: <b>BES- CFN</b>	Date: 3-11-08	Auditor: J. Taylor/ W. Litzke			
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
<p>OHSAS 18001 STANDARD: <i>The organization shall establish, implement and maintain procedure(s) for the ongoing identification of hazards, risk assessments, and determination of necessary control measures. These procedure(s) for hazard identification and risk assessment shall take into account... [omitted, see item 1]</i></p> <p><i>The organization's methodology for hazard identification and risk assessment shall: a.) be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive; b.) provide for the identification, prioritization and documentation of risks and the implementation of controls, as appropriate.</i></p> <p><i>For the management of change, the organization shall identify the OH&amp;S hazards and OH&amp;S risks associated with changes in the organization, the OH&amp;S management system, or its activities, prior to introduction of such changes.</i></p> <p><i>The organization shall ensure the results of these assessments are considered when determining controls.</i></p> <p><i>When determining controls, or considering changes to existing controls, consideration shall be given to reducing the risks according to the following hierarchy:... [omitted, see item 4]</i></p> <p><i>The organization shall document and keep the results of the identification of hazards, risk assessments, and determined controls up-to-date.</i></p> <p><i>The organization shall ensure that the OH&amp;S risks and determined controls are taken into account when establishing, implementing and maintaining its OH&amp;S management system.</i></p>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
<p>1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>  X  </u> No <u>      </u> Yes. <b>If Yes, does the system take into account:</b> a.) routine and non-routine activities; b.) activities of all personnel having access to the workplace (including contractors and visitors); c.) human behavior, capabilities and other human factors ; d.) identified hazards origination outside the workplace capable of adversely affecting the health and safety of persons under the control of the organization within the workplace; e.) hazards created in the vicinity of the workplace by work-related activities under the control of the organization; f.) infrastructure, equipment and materials at the workplace, whether provided by the organization or others; g.) changes or proposed changes in the organization, its activities or materials; h.) modifications to the OH&amp;S management system ,including temporary changes, and their impacts on operations, processes, and activities; i.) any legal obligations relating to risk assessments and implementation of necessary controls; j.) the design of work areas, processes, installations, machinery/equipment, operating procedures and work organization, including their adoption to human capabilities.</p> <p>Observed State: The primary mechanism for identifying hazards and controls is by Experimental Work Planning- ESR, Standard Operating Procedures, FRA, and JRA documents. The CFN also implements work control through the User Administration Program for graduate students, post-docs and collaborating researchers- CFN Operational Safety Awareness (COSA), Safety Approval Form (SAF). Work permits are used for non-routine activities associated with plant maintenance and contractor work in laboratories. Work permits have been used extensively for installation of major equipment by contractors during the startup phase of operations.</p>		□	□	□	☒
<p>2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b></p> <p>Observed State: As the CFN is a new facility all the reviewed risk assessments are current. ESRs cover the full scope of experimental activities and JRAs quantify risk associated with specific tasks.</p> <p>CFN OFI 1: There are (18) JRAs at the CFN that cover a variety of routine activities, and these were all developed by a team of five members. It is recommended that other staff members both researchers and administrative workers to which these would apply, be involved with the development, review, and or revision of future JRAs.</p>		□	□	☒	□
<p>3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b></p> <p>Observed State: No changes have occurred yet because the facility is new and just starting up.</p>		□	□	□	☒
<p>4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b></p> <p>Observed State: The hierarchy of controls was observed in 1L10 lab experiments. Interview with researcher indicated that they have substituted purchased, prediluted hydrofluoric acid for concentrated forms to eliminate the necessity for dilutions in the lab. Noteworthy practices observed include the added engineering control, a bench-top robotic system to fill acid sample vials, to minimize handling of HF; appropriate signage noted for carcinogen used in the hood.</p> <p>Appropriate training on Safety Approval Forms, under the User's program, is verified by the User Administrator before electronic access to labs are given to visiting researchers.</p> <ul style="list-style-type: none"> <li>▪ Document reviewed: ESR: NC-2007-10-ELM</li> <li>▪ Document reviewed: Safety Approval Forms: SAF # 138 (Jump Start), SAF # 140,\</li> <li>▪ Document reviewed: Email to prospective users from CFN User Admin (Subject Updated Safety Approval Form), July 31, 2007.</li> <li>▪ Document reviewed: COSA (Nanopartternig- Clean Room 735)</li> <li>▪ Staff Interviewed: I. Gearba, C.Y. Nam, C. Black</li> </ul>		□	□	□	☒

5. <b>Are operational controls in place and working as specified?</b> Observed State: Operational controls such as operator aids/ procedures, training, and PPE are in place. Noted following specific controls: cryo fill procedure, ODH posting, RGD controls, and nanomaterials controls summary. Document reviewed: Cooldown procedure (1L35) of LakeShore probe station using 60L liq. He dewar or 50 L of LN2 dewar. Researchers have completed all training; PPE were available at the point of use and found to be in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Work permit is generally used to communicate operational controls, training is provided through contractor, vendor orientation (CVO) NC-09, and this is found to be thoroughly covered. The CFN Operations and Safety Awareness covers the visiting researchers under the User's program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> <ul style="list-style-type: none"> <li>Document reviewed: ESR: NC-2008-17-EM, NC-2008-18-EM, NC-2007-10-ELM</li> <li>Document reviewed: Safety Approval Forms: SAF # 138 (Jump Start), SAF # 140</li> <li>Document reviewed: CFN Operations and Safety Awareness, COSA (Nanopartnering- Clean Room 735)</li> <li>Document reviewed: Job Training Assessments and their Required Training, ESR and JTA matrix</li> <li>Document reviewed: CFN Work Planning Controls (work permit binder)</li> <li>Staff Interviewed: I. Gearba, C.Y. Nam, C. Black (researchers), A. Piper (bldg. manager), G. Webster (User Administrator)</li> </ul>				
<b>COMMENTS:</b> <b>NOTEWORTHY PRACTICE:</b> Associated procedures are referenced on ESRs cover page . <b>FINDING:</b> <b>CFN OFI 1:</b> There are (18) JRAs at the CFN that cover a variety of routine activities, and these were all developed by a team of five members. It is recommended that other staff members both researchers and administrative workers to which these would apply, be involved with the development, review, and or revision of future JRAs.				

Organization: <b>BES- CMPMSD</b>	Date: 3-19-	Auditor: J. Taylor/ W. Litzke			
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question	Major	Minor	OFI	Meets	
1. <b><i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?    _X_  No        Yes.</i></b> Observed State: The primary mechanism for identifying hazards and controls is by Experimental Work Planning- ESR, Standard Operating Procedures, FRA, and JRA documents. Work permits are used for non-routine activities associated with plant maintenance and contractor work in laboratories. Work permits may also be used to identify hazards and controls for work in machine shops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b><i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i></b> Observed State: New Employee/Guest Orientation and Training Requirements under Work Planning dated 8/23/06. There are (18) JRAs at the CMPMSD that cover a variety of routine activities; these were all up-to-date and cover the full scope of current operations.  <b>CMPMS OFI 1:</b> For the NEO form, update Training Requirements to include CFN’s facility-specific requirements under “Location Specific Training,” as researchers may collaborate between the two departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <b><i>Have changes occurred in the organization’s facilities or operations that necessitated a change in the risk assessments? Were they updated to cover the scope of the change?</i></b> Observed State: Current risk assessments cover the scope of operations. One of the more recent changes to an experiment includes the installation of a new 14T superconducting magnet; associated hazard identification, risk assessment, and training are thoroughly covered in ESR-70, and MA-JRA-027. The ESR was revised to address the new equipment; the JRA did not require revision as it had already appropriately addressed the risks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <b><i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i></b> Observed State: The hierarchy of controls was observed in the machine shop. This is operated under a standing Work Permit that is renewed annually. Interview with technician indicated that the use of specific machines require training and signed authorization. Signage, administrative controls and PPE are used for noise hazards.  <b>CMPMS OFI 2:</b> Add web training on Noise and Hearing Conservation to JTA for users. <ul style="list-style-type: none"><li>Document reviewed: Work Permit for Machine shop, 480-04037a</li><li>Document reviewed: Training for Specific Machines, Authorization Sign-off sheets</li><li>Document reviewed: “Acceptance of Responsibility” (agreement by users to comply with safe practices)</li><li>Staff Interviewed: K. Sutter</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. <b><i>Are operational controls in place and working as specified?</i></b> Observed State: Operational controls such as operator aids/ procedures, training, and PPE are in place. Document reviewed: ESR-40 (Lab 1-134), procedure for HF use from SBMS, emergency first aid, PPE were available at the point of use and found to be in good condition. Document reviewed: ESR-15 Interviewed: Qing Jie , A. Gozar, and S. Riggs (collaborator) on PPE used for cryogenics work, training Documents reviewed: ESR-58, Training Record on Crystal Growth Experiment, Procedure Interviewed: Rongwei Hu (student) on web training, training by the PI on operational controls, knowledgeable on lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



hazard postings, PPE for cryogen use.				
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Work permit is generally used to communicate operational controls, training is provided through contractor, vendor orientation (CVO) and this is found to be thoroughly covered. Interviewed: Don Tylutki (contractor, JEOL), knowledgeable of electrical safety requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> <ul style="list-style-type: none"> <li>Document reviewed: ESR-40 (Lab 1-134), ESR-58 PM2005-077 (Lab W10, 703)</li> <li>Document reviewed: Work Permit 480-011706B for Lab 1-132</li> <li>Document reviewed: CMPMSD New Employee/ Guest Orientation form (8/23/06, rev.0); Training requirements: Work Planning requirements (8/23/06 rev.0)</li> <li>Document reviewed: Job Training Assessments and their Required Training, ESR and JTA matrix</li> <li>Staff interviewed: A. Bolinger, Gennady Logvenov (Researchers); R. Sabatini (ESH Coord.), R. Hu (grad student)</li> </ul>				
<b>COMMENTS:</b>				
<b>FINDING:</b>				
<b>CMPMS OFI 1:</b> For NEO form, update Training Requirements to include CFN's facility-specific requirements under "Location Specific Training," as researchers may collaborate between the two departments.				
<b>CMPMS OFI 2:</b> Add web training on Noise and Hearing Conservation to JTA for users of machine shop.				

Organization: <b>BES- Chemistry</b>	Date: 3-12-08	Auditor: J. Taylor/ W. Litzke			
Element: 4.3.1	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question	Major	Minor	OFI	Meets	
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>  X  </u> No <u>    </u> Yes Observed State: The primary mechanism for identifying hazards and controls is by Experimental Work Planning- ESR, Standard Operating Procedures, FRA, and JRA documents. Work permits are used for non-routine activities associated with plant maintenance and contractor work in laboratories. In Chemistry work permits identify, for example, electrical hazards for lasers, NMR, fluorescence equipment, and these are found in a binder managed by the work control manager (WCM) and Work Control Coordinator (WCC). The web requisition is a mechanism that initiates notification to the ESH Coord / WCM or Building Manager/WCC that a vendor is expected onsite to do work (i.e. repair/installation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: ESRs cover the full scope of experimental activities and JRAs quantify risk associated with specific tasks. Of the (31) JRAs that are active, 1 has recently expired (by 2 days) which is CO-JRA-3 (Pulse-Pump Probe Exp't at LEAF, Class 4 lasers). This falls within the Small Science JRA Review Policy, that not all (100%) of the JRA are reviewed on the 3-yr cycle. There are plans to review this JRA during the next month. <b>OFI 1:</b> Based on the BES policy for continual improvement, those that are considered high-risk would be reviewed more frequently. A review/update of CO-JRA-3 should be planned to incorporate any changes to the associated ESR (CO-4-9) which was recently last updated in Dec 2007.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they updated to cover the scope of the change?</b> Observed State: Two FRAs (FRA-01 and FRA-03) were reviewed in 2008 within the 3-yr cycle to include changes in operations. A new experiment with a clean room has been installed in Lab 109; an ESR has been developed and it needs to be determined if new JRAs need to be established. Document reviewed: FRA-01, FRA-03 Staff interviewed: D. Cabelli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: The hierarchy of controls was observed in lab 261, laser lab. Interview with researchers indicated that they recognized the hazards of the pressure vessel used in the laser room, integrated engineering controls (laser interlocks applied), proper signage and PPE were clear and available. Note that for many Chemistry experiments a specific chemical is the focus, and therefore substitution is not a viable option for risk reduction. <ul style="list-style-type: none"> <li>Document reviewed: ESR CO-4-8 (pressure vessel)</li> <li>Document reviewed: ESR CO-4-5</li> <li>Labs visited: Lab 261 (Laser lab), Lab 109 (PHENIX portable clean room)</li> <li>Staff Interviewed: D. Cabelli, ESH Coord., D. Grills, D. Polyanskiy</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <b>Are operational controls in place and working as specified?</b> Observed State: Operational controls and best management practices are in place. For example, laser interlocks for laser labs, PPE eyewear for laser use, portable monitors for leak detection of CO gas and test procedures. Safety goggles and rubber gloves were being used in an operation using chemicals in a fume hood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: The work permit process and FRA ensure that contractors/ relevant workers are knowledgeable about the operational controls in an area. An example is the newly developed FRA on working in high noise areas in 555. It is noteworthy to prepare such a hazard assessment for the facility; however, further training and/or review of the controls as they apply to interested parties is recommended. The guest registration process for visiting scientists prompts ESH	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Coordinator involvement. <b>OFI 2:</b> For FRA-09 Other staff members, who may occupy or pass by these areas, should be considered as risk team members to improve the communication of the specific controls identified in the FRA.				
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> <ul style="list-style-type: none"> <li>Document reviewed: ESR: CO-4-8 (pressure vessel), PO-PHENIX-3 (new under review by CO)</li> <li>Document reviewed: Memo from S. Kane to D. Grills, March 24, 2007 on testing of pressure vessel</li> <li>Document reviewed: FRA-01, FRA-03, FRA-09 (Noise)</li> <li>Document reviewed: Work Permit CO: 07-555-27, 07-555-29 (work in lab 109), 07-555-31</li> <li>Interviewed: M. Doherty on ESR CO-4-1 and CO-4-11</li> </ul>				
<b>COMMENTS:</b>				
<b>FINDING:</b> <b>CO OFI 1:</b> JRAs that are considered high-risk should be reviewed and updated as necessary but at a minimum of 3 yr cycle. Review/update CO-JRA-3 (Pulse-Pump probe, LEAF), last updated 3/10/05, to incorporate any changes to the associated ESR (CO-4-9) which was recently updated in Dec 2007. This JRA has been determined by the department as a 'High' priority assessment.  <b>OFI 2:</b> For FRA-09 Other staff members, who may occupy or pass by these areas, should be considered as risk team members to improve the communication of the specific controls identified in the FRA.				

Organization: <b>BES Directorate</b>	Date: 3-13-08	Auditor: J. Taylor/W. Litzke		
Element: <b>4.3.3</b>	Title: <b>Objectives and program(s)</b>			
<b>OHSAS 18001 STANDARD:</b> <i>The organization shall establish, implement and maintain documented OH&amp;S objectives, at relevant functions and levels within the organization. Objectives shall be measurable, where practicable, and consistent with the OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement. When establishing and reviewing its objectives, an organization shall take into account the legal requirements and other requirements to which the organization subscribes, and its OSH risks. It shall also consider its technological options, its financial, operational and business requirements, and the views of interested parties. The organization shall establish, implement, and maintain a program[s] for achieving its objectives. Program[s] shall include at a minimum: a.) designation of responsibilities and authority for achieving objectives at relevant functions and levels of organizations; and b.) the means and time frame by which the objectives are to be achieved. The program[s] shall be reviewed at regular and planned intervals and adjusted as necessary, to ensure that the objectives are achieved.</i>	Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
<b>1. Are organization level Objectives established and at what frequency? Is there a documented frequency to review status of objectives? (other than SBMS)</b> Observed State: Objectives are established on an annual basis and reviewed quarterly as required in the BES Self-Assessment (SA) Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2. Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</b> Observed State: The objectives are measurable and linked to site level objectives. However, certain actions in the OS&H/EMS Management Plan depend on SHSD and institutional coordination for corrective action plan development. For the BES this would include developing a BES Directorate plan for closing the 10CFR851 gaps in the small science directorates/departments, and the NRTL inspections of non-high priority equipment. <b>OFI:</b> Better coordination of dates and flow-down of corrective actions is recommended. <b>Site-</b> This sounds like a lab level issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</b> Observed State: OSH program is implemented by the OSH/EMS manager for BES (J. Taylor). A review of the OSH/EMS FY07 Plan Status shows responsible person and completion dates of actions for targets and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4. How are objectives made known to the employee/guests that are supposed to achieve them?</b> Observed State: The ALD for BES communicates to all staff on their ESH objectives by email to all BES personnel (Feb 6, 2008). Guests and some postdocs who do not have BNL email addresses may not be able to access this communication. This information is also available on the intranet website for BES directorate. It is most critical that BNL managers, PIs and staff be aware and contribute to the achievement of objectives. PIs will be asked to pass on this information to their guests and post docs who do not have computer access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> Documents reviewed: ESH Management Review FY2007 presentation (Nov. 14, 2007), FY2008 Self-Assessment Plan for BES Directorate (Jan. 3, 2008), OSH/EMS Management Plan BES, FY2007 Plan Status, Email from J. Misewich to all BES Personnel, February 06, 2008.				
<b>COMMENTS:</b>				
<b>FINDING: OFI:</b> Better coordination of dates and flow-down of corrective actions is recommended				

Organization: <b>BES Directorate</b>	Date: 3-13-08	Auditor: J. Taylor/W. Litzke
Element: <b>4.4.4</b>	Title: <b>Documentation</b>	

OHSAS 18001 STANDARD: <i>The OH&amp;S management system documentation shall include: a.) the OH&amp;S Policy and objectives; b.) description of the scope of the OH&amp;S management system; c.) description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents; d.) documents, including records, required by this OHSAS Standard; and e.) documents, including records, determined by the organization to be necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risks.</i>	Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
1. <b>Does the organization maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record: OSH/EMS Controlled Documents binder in OSH/EMS Management Representative's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. <b>Description of the scope of the OH&amp;S management system for its organization</b> ( <input checked="" type="checkbox"/> or does it fit within the SBMS scope) The BES OSH management system description makes use of SBMS requirements but also adds specific BES information. The BES OSH mgt sys desc has broken links and needs to be updated for current CFN operating mode and OHSAS subject area. <b>OFI 1:</b> Streamline the management system description, and consolidate the separate OSH & EMS web pages into one.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input checked="" type="checkbox"/> or does it fit with the SBMS Subject Area) Same response as to a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <b>Hazard List:</b> Hazards are identified in ESRs, JRA/FRAs (both found on dep't websites), and FUAs (found in SBMS) <b>Risk Assessments:</b> Can be found on department websites <b>Objectives:</b> Can be found on BES website <b>Management Reviews:</b> Can be found on BES website <b>OFI 2:</b> Issue a BES controlled records list <b>OFI 3:</b> Include the IH self-assessment in the BES FY08 Self Assessment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <b>Controlled Document Postings:</b> BES ESH Controlled Documents List is located on BES website. <b>Record Storage location</b> (or does it use Foremost only): The location of BES Directorate and Department records are indicated in the BES OSH & EMS mgt sys des. Chemistry department ESH records are located at the main office (555), Room 200E. CMPMS department ESH records are stored in 480 across from the main office. <b>Monitoring Records:</b> These are maintained at SHSD, bldg. 120 and Compliance Suite database. ESH coordinators do not necessarily have easy access to IH monitoring records. <b>OFI 4:</b> An OFI has been identified to improve access of IH records (Compliance Suite) by ESH Coord.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: OHSAS SBMS subject area, BES OSH mgt sys desc R4, BES Controlled Documents List R3, BES FY08 ESH Management Review, CO/PM/NC JRA/FRAs, BES FY08 Objectives & Targets. Interviewed A. Lopez (records manager for CMPMS)				
COMMENTS:				
FINDING: No non-compliances and 3 OFIs: <b>OFI 1:</b> Streamline the management system description, and consolidate the separate OSH & EMS web pages into one. <b>OFI 2:</b> Issue a BES controlled records list <b>OFI 3:</b> Include the IH self-assessment in the BES FY08 Self Assessment Plan. <b>OFI 4:</b> An OFI has been identified to improve access of IH records (Compliance Suite) by ESH Coord.				

Organization: <b>BES Departments</b>	Date: 3-27-08	Auditor: J. Taylor/ W. Litzke			
Element: <b>4.4.5</b>	Title: <b>Control of Documents</b>				
OHSAS 18001 STANDARD: <i>Documents required by the OH&amp;S management system and by this OHSAS Standard shall be controlled. Records are a special type of document and shall be controlled in accordance with the requirements given in 4.5.4.</i> <i>The organization shall establish, implement and maintain procedure[s] to: a) approve documents for adequacy prior to use; b) review and update as necessary and re-approve documents; c) ensure that changes and the current revisions status of documents are identified; d.) ensure that relevant versions of applicable documents are available at points of use; e.) ensure that documents remain legible and readily identifiable; f.) ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the OH&amp;S management system are identified and their distribution controlled, and g.) prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.</i>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: BES maintains a Controlled Document Master List that contains review periods. Department records such as ESRs, JRA and FRA are reviewed and updated accordingly when there are changes to experimental design and facility operations. Signatures indicate approval.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: There is indication of when the documents were last reviewed and/or updated, but tracking of changes is not consistently done throughout all departments. <b>Minor Noncomp. 1:</b> Implementation of a method for change identification needs to be consistently used across the directorate.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: The Departments have current versions of the ESH documents such as ESRs and SOP's on the Department's web page, or in the labs where they are used. Equipment manuals are kept in the labs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: These documents are managed by the ESH coordinator and filed according to subject matter, department code, and are identified by ESR/ FRA/FRA number. The web site is organized as such		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: Equipment manuals are considered external documents. These manuals are generally kept in labs with the associated equipment and owner.  <b>OFI:</b> A consistent manner for retention, control and retrievability of these types of documents, such as equipment manuals, needs to be established.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: ESRs are marked "Before using a copy of this form, verify it is the most current version by checking the document effective date." Copies obtained from the web site ensure that they are the most current versions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: CO-FRA-3 and CO-JRA-32 are examples of recent updates and approvals based on improvements to operations and hazard controls. ESR-58 (PM2005-077)				
COMMENTS:				
FINDING: <b>Minor Noncompliance 1:</b> Implementation of a method for change identification needs to be consistently used across the directorate. <b>OFI:</b> A consistent manner for retention, control and retrievability of these types of documents, such as equipment manuals, needs to be established.				

Organization: <b>BES Directorate</b>		Date: 3/11/08		Auditor: J. Taylor/W. Litzke		
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>				
OHSAS 18001 STANDARD: The organization shall determine those operations and activities that are associated with identified hazard(s) where the implementation of controls is necessary to manage the OH&S risks. This shall include the management of change. For those operations and activities, the organization shall implement and maintain: a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system; b.) controls related to purchased goods, equipment and services; c.) controls related to contractors and other visitors to the workplace; d.) documented procedures, to cover situations where the absence could lead to deviations from the OH&S policy and the objectives; e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement	
1. <b>Does the organization have program[s] to implement:</b>						
<b>a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&amp;S management system:</b> BES Departments use and comply with SBMS subject areas for operational controls. The manner in which SBMS is used is described on the department operations webpages.						
<b>b.) controls related to purchased goods, equipment and services;</b> BES uses and complies with the SBMS web requisition system which has built in controls. BES has recently institutes a policy that chemicals can only be ordered via web requisition or use of a blanket purchase order (Chemistry Department only).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c.) controls related to contractors and other visitors to the workplace;</b> Web req has a set of questions that refers process to the ESH Coordinator and Work Control Manager for contractors and visitors. Contractors take CVO training and work permits are used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d.) procedures to cover situations where the absence could lead to deviations from the OH&amp;S policy and the objectives;</b> Procedures are developed where appropriate, e.g. nanomaterials ESH, laser sop, cryo fill						
<b>e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.</b> LEAF SAD, Safety Assessment Proposal (CFN), COSA (CFN Operational Safety Awareness Form)						
Observed State: The procedures and controls mentioned above in a-e are in place and operating well.						
2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: Management of change is handled by training scientists to be sensitive to modifications to experiments that add new hazards or amplify existing hazards, all of which requires an ESR revision. Work Control Managers and Coordinators issue work orders for operational activities that have hazards and require controls.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: Accomplished through 1) CVO training for contractors, and 2) work planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: Work Planning and Control subject area, Department Operations Plans – web based, work permits and ESRs						
COMMENTS: All work is conducted in accordance with the controls mentioned above.						
FINDING: No non-compliances or OFIs						

Organization: BES Directorate	Date: 3/12/08	Auditor: J.Taylor/W. Litzke			
Element: 4.5.4	Title: Control of Records				
OHSAS 18001 STANDARD: <i>The organization shall establish and maintain records as necessary to demonstrate conformity to the requirements of its OH&amp;S management system and of this OHSAS Standard, and the results achieved. The organization shall establish, implement and maintain a procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records. Records shall be and remain legible, identifiable and traceable</i>		Major Non-Compliance	Minor Non-Compliance	OFI	Meets Requirement
1. Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records? Observed State: No, the SBMS subject area is used for records control.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Chemistry B555 room 200F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: BES B460 ALD area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: CFN B735	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: CMPMSD B480 room 1-104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: OSH/EMS directorate level program documents, e.g. mgt sys desc, objectives & targets, controlled documents list; department records, e.g. ESRs, LEAF SAD, injury reports				
COMMENTS: The CFN is just transitioning into the operations phase and is in the process of establishing its operations records management system. A meeting on this has been set for 4/1/08. The other 2 departments and the directorate office have established records areas.				
FINDING: OFI1: CMPMSD has identified an OFI to improve the labeling scheme for their ESH records.				

## BES: Summary of Opportunities for Improvement (OFIs) & Findings

OHSAS Element	OFI/Finding Type	Summary
4.3.1 Planning for Hazard Identification, Risk Assessment and Risk Control	OFI	The CMPMSD new employee orientation form contains potential training requirements outside of CMPMSD facilities. Training requirements for the CFN should be added to the form
	OFI	Add Noise & Hearing Conservation training for users of B480 machine shop
	OFI	Review JRA associated with revised ESR CO-4-9
	OFI	Communicate results of Chemistry FRA on working in high noise areas to all affected staff
	OFI	For future revisions, expand JRA/FRA review teams to include researchers and administrative workers
4.3.3 Objectives and programs	OFI	Better coordination of dates and flow down of corrective actions between Lab level and directorates/departments is recommended
4.4.4 Documentation	OFI	Streamline the OHSAS program description and OSH/EMS web pages
	OFI	Issue a BES controlled records list
	OFI	Include the FY08 IH self assessment in the BES SA Plan
	OFI	Improve access to IH records in the Compliance Suite data base
4.4.5 Control of Documents	Minor Non-Compliance	Implementation of a method for change identification needs to be consistently used across the directorate
	OFI	For documents of external origin, e.g. equipment manuals, a consistent manner of retention, control and retrievability needs to be established
4.4.6 Operational Control	None	
4.5.3 Incident Investigations, Nonconformity, Corrective and Preventive Action	None	
4.5.4 Control of Records	OFI	Improvements were identified in the labeling scheme for the CMPMSD ESH records

During the month of March an internal audit of OHSAS programs was conducted. Wai-Lin Litzke and I served as the auditors for BES. We reviewed documents and their control, observed and interviewed staff. The ESH Coordinators were involved in the audit, both as auditors and those being audited; they provided constructive input to Wai-Lin and me. The elements of OHSAS 18001 are required to be audited every 3 years, so a third of the elements were audited this year. The elements that were audited addressed the following subjects: hazard & risk identification and control, objectives, documentation & records control, operational control and incident investigation.

Our overall assessment is that the BES Occupational Safety and Health programs are functioning well, that hazards and risks are identified and controlled, and that our staff are informed and comply with requirements. The results are summarized in the attached table; there were 1 minor non-compliance and 12 opportunities for improvement (OFIs). The minor non-compliance is related to the identification of changes – we need to establish a consistent method for change identification of our documents (including ESRs) across the directorate. The OFIs address issues such as communications, training, and documentation improvements.

## Attachment 5

### EENS Directorate Checklists

Organization: <b>EENS</b>		Date: 3/26/08		Auditor: J. Peters	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>  X  </u> No <u>      </u> Yes. Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: Examined list of JRA's for review dates and Work Permits & FRA's for machine shops		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: FRA for Bldg. 490D reflected changes in hazard & risk after roof repair. JRA for Machine Shop Work was changed after IH monitoring identified noise concern. JRA for Operating Vehicles identified additional controls resulting from an incident; the JRA was under development at then time of the incident so information was added .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: <ul style="list-style-type: none"> <li>▪ Document reviewed: Machine Shop Work Permit – and discussion with ESH Coordinator and shop supervisor for 490</li> <li>▪ Document reviewed: JRA -010 Autoclave Use – and discussion with ESH Coordinator</li> <li>▪ Document reviewed: JRA – 009 Work with routine chemicals in laboratories and discussion with ESH Coordinator</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified?</b> Observed State: review of work permits, JRAs and onsite observations/interviews indicate controls are in-place and effective.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Onsite visit to 815 lab C-2 during installation of new glove box by contractor. Discussion with PI J. Johnson and manufacturer representative M. Dubiansky of MBraun. Work control procedures were followed, hazards eliminated prior to work, worker informed by PI of hazards in lab. The installer was not sure if his training was current for laboratory standard or hazard communication. He does not use hazardous chemicals in his work, was under the direct supervision of the PI, and was informed of the hazards in the lab.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Machine Shop Work Permit JAR 010 – Autoclave Use JRA 009 – Work with routine chemicals in laboratories EENS Research Operations Work Permit Log for Standing Work Permits Work Permit for Autoclave Operations EENS Facility Risk Assessment 490D EENS Research Operations Office Listing of Facility Risk Assessments EENS Research Operations Listing of Job Risk Assessments EENS ESH Newsletter, March 2008					
COMMENTS: Opportunity for improvement: Recommend review of requirements to determine if there is a need for technicians to be current in laboratory standard or hazard communication. of workers installing equipment in laboratory settings.					
FINDING: None					

Organization: <b>EENS</b>		Date: 3/26/08		Auditor: J. Peters	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Are organization level Objectives established and at what frequency?</b> <b>Is there a documented frequency to review status of objectives? (other than SBMS)</b> Observed State: Objectives are established annually at a minimum but can be adjusted as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: Objectives are specified for improvement of programs including prevention of injury and ill health through human factors participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State: Review of status indicates designation, authority and schedules are set and tracked. EENS has developed a Working With Nanomaterials checklist to be used for completion of one objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: Discussion with the ESH Coordinator indicated objectives are discussed and agreed to prior to acceptance of the objective. Then objectives are tracked to completion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Status of EENS ESH FY07 Objectives and Targets Status of EENS ESH FY08 Objectives and Targets EENS ESH Newsletter, March 2008 EENS Working With Nanomaterials Surveillance Checklist				
COMMENTS: None				
FINDING: None				

Organization: EENS	Date: 3/26/	Auditor: J. Peters			
Element: 4.4.4	Title: Documentation				
Audit question	Major	Minor	OFL	Meets	
1. Does the organization maintain OH&S management system documentation for the following? Record location of the document/record: Directorate Research Operations Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> a. Description of the scope of the OH&S management system for its organization ( <input checked="" type="checkbox"/> or does it fit within the SBMS scope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> b. Description of the main elements of the OH&S management system and their interactions, and reference to related documents ( <input checked="" type="checkbox"/> or does it fit with the SBMS Subject Area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Documents & records required by this OHSAS 18001 Standard, such as <input checked="" type="checkbox"/> Hazard List <input checked="" type="checkbox"/> Risk Assessments <input checked="" type="checkbox"/> Objectives <input checked="" type="checkbox"/> Management Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Documents & records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&S risk <input checked="" type="checkbox"/> Controlled Document Postings: some documents are posted at the work site (see note below) <input checked="" type="checkbox"/> Record Storage location (or does it use Foremost only) Directorate level storage in building 185 <input checked="" type="checkbox"/> Monitoring Records owner is ESH&Q who maintains original documents/records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED Status of EENS ESH FY07 Objectives and Targets Status of EENS ESH FY08 Objectives and Targets EENS ESH Newsletter, March 2008					
COMMENTS: Old documents are maintained in files and are marked/stamped Obsolete A recent EMS audit identified recently expired ESRs in laboratories.. These documents did not follow an internal EENS review/approval procedure requiring a new copy within 45 days of expiration. Corrective actions have been put in place to rectify the issues. Observations during this audit did not find any out of date postings.					
FINDING: None					

Organization: <b>EENS</b>		Date: 3/26/08	Auditor: J. Peters				
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>					
Audit question			Major	Minor	OFL	Meets	
1. <i>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</i> Observed State: ESRs, Work Permits, Objectives & Targets are all thoroughly reviewed prior to approval.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: JRAs show revision status and changes made. Other documents track changes. The obsolete document is retained for reference but is marked as obsolete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: BNL ESH&Q Safety Policy, ESRs and Work Permits are posted at the work site. Equipment manuals are maintained locally. See comments below. EENS uses the Tier 1 process for review of currency on documents/records at point of use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: Hard copies of the documents are retained and controlled at the directorate level under the auspices of the ESH Coordinator. The documents are well identified and stored in file cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: Equipment manuals are maintained locally. See comments below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: Documents are stamped Obsolete when updated. These are retained. Copies of obsolete documents were presented as evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> Interviews with the ESH Coordinator and a review of documents were conducted at the Directorate RO Office. Storage of documents was observed Interviews with onsite personnel were conducted and included questioning regarding document control. EENS ESH Newsletter, March 2008 <b>COMMENTS:</b> A recent EMS audit identified expired ESRs in the field in violation of an internal EENS procedure requiring a new copy within 45 days of expiration. Procedure has been changed to follow SBMS. Observations during this audit did not find any out of date postings. Onsite interviews with J. Johnson and T. Watson indicate experimental equipment manuals are not fully controlled. <b>FINDING: Minor NC: Site Level: Control of Documents: external document control requires procedure review.</b> OHSAS 18001 Internal Audit Checklist 4.4.5b Final Rev0 01/30/08 Site File Code: <b>HP80.7</b>				

Organization: <b>EENS</b>	Date: 3/26/08	Auditor: J. Peters			
Element: <b>4.4.6</b>	Title: <b>Operational Control</b>				
Audit question	Major	Minor	O/I	Meets	
1. <b>Does the organization have program[s] to implement:</b>					
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;					
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services;					
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;					
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.					
Observed State: The organization relies heavily on SBMS OSHAS procedures. Development of JRAs, FRAs etc are aligned with SBMS. This includes work planning and control for BNL personnel and contractor personnel.					
2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: EENS relies heavily on SBMS procedures. ESRs are revised annually at a minimum. However, when necessary ESRs are reviewed such as when new hazards are introduced or the safety envelope is to be exceeded. Incidents & lessons learned items are reviewed by the ESH Coordinator to determine applicability to the directorate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: Interviews onsite at building 815 during the installation of a glove box indicate that suppliers/contractors are informed of operational controls in the work place and work planning ensures communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> Interview with the ESH Coordinator indicates adherence to SBMS OSHAS procedures. Review of documents (JRAs, FRAs, ESRs,& Work Permits) indicates identification of hazards, controls and implementation of review cycles. Memo to File P. Carr Follow up Actions to the 12-4-07 Injury: documents off cycle review of JRA -012. <b>COMMENTS:</b> <b>FINDING:</b>					



Organization: <b>EENS</b>		Date: 3/26/08		Auditor: J. Peters	
Element: <b>4.5.3</b>		Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>			
Audit question		Major	Minor	OPI	Meets
<b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? (_____ rely on SBMS)?</b> No they rely on SBMS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. <b>Is it effective to:</b> <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Were investigations performed in a timely manner? (Determine the timing of investigation[s])</b> Observed State: EENS had a recent, minor incident/accident. This was documented in building 490 on 12/04/07. The follow-up, discussions, and JRA review occurred within 3 days. A second incident involved a fractured hip from vehicle operation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Were corrective actions or opportunities for preventative action determined?</b> Observed State: Yes. For 490 discussion of union labor issues resolved one hazard issue and recommendations were made to prioritize roof repairs to prevent reoccurrence. Yes. For the fractured hip the JRA Operation of Vehicles was reviewed and recommendations documented.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How were the results of incident investigation documented and maintained?</b> Observed State: Owner of both investigations is Safety Engineering. Directorate documented with memo to file.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Were risk assessments conducted or revised as a result of incidents/events?</b> Observed State: A review of the JRA -012 was conducted and the decision was that no changes were necessary. A review of the JRA – 026 was conducted and recommendations added to the JRA.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</b> Observed State: Procedural changes were not directed at the EENS Directorate but toward Facilities and Operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Memo to File P. Carr Follow-up Actions to the 12-4-07 Injury					
COMMENTS:EENS Directorate follows SBMS procedures.					
FINDING: None					

Organization: <b>EENS</b>		Date: 3/26/08		Auditor: J. Peters	
Element: <b>4.5.4</b>		Title: <b>Control of Records</b>			
Audit question		Major	Minor	OPI	Meets
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: EENS follows SBMS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Hard copies of the records are retained and controlled at the directorate level under the auspices of the OSH/EMS Rep/ESH Coordinator. The documents are well identified and stored in file cabinets. Records by other organizations ie. S&H services are maintained under that group's control.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: Yes the records reviewed were maintained in a readily retrievable and protected state.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Directorate Research Operations Office in Building 185		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Some official records (eg. EENS Research Operations Work Permit Log for Standing WP's) are maintained electronically.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: A machine shop in building 815 has a posting of "EENS Machine Shop Qualified Operators Building 815". This record is maintained electronically on the shop supervisor's hard drive. John – can we discuss this - PC		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location: Local user – operating manuals B815 lab C-2 & E-4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <p>EENS Directorate OH&amp;S Records/Documents Management</p> <p>EENS Machine Shop Work Permit</p> <p>EENS Autoclave Use Work Permit</p> <p>EENS FRA 490D</p> <p>JRAs 002 Machine Shop Work; 009 Work with Routine Chemicals in Laboratories; 010 Autoclave Use; 026 Operating Vehicles On-site and Off- site</p> <p>EENS Research Operations Office Listing of FRAs</p> <p>EENS Research Operations Office Listing of JRAs</p> <p>EENS Machine Shop Qualified Operators Building 815</p> <p>EENS Research Operations Work Permit Log for Standing WP's</p> <p>Memo to file; P. Carr Follow-up Actions to the 12-4-07 Injury</p> <p>Status of EENS ESH FY08 Objectives and Targets</p> <p>Status of EENS ESH FY07 Objectives and Targets</p> <p>EENS ESH Newsletter March 2008</p> <p>EENS Working with Nanomaterials Surveillance</p>				
<p>COMMENTS:</p> <p>Electronic format is under control of a single individual.</p>				
<p>FINDING:</p> <p>OFI</p> <p>1) Review procedure for control of OSH documents for equipment manuals.</p> <p>2) Recommend review of document control for machine shop qualified operators JP - Can we discuss this - PC</p>				

## Attachment 5 Environmental Restoration Projects

Organization: <b>ERP</b>		Date: 3/10/		Auditor: B. Heneveld	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</i> <u>  X  </u> No <u>      </u> Yes Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i> Observed State: Up to date, full scope.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i> Observed State: Up to date.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i> Observed State: <ul style="list-style-type: none"> <li>▪ Document reviewed: HFBR S&amp;M 037 Move Shielded Cask</li> <li>▪ Document reviewed: ERP WP 2.23 HFBR Trane Absorber Fluid Removal</li> <li>▪ Document reviewed: ERP WP 2.24 Reactor Fill and Drain</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are operational controls in place and working as specified?</i> Observed State: Yes, Based upon observation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i> Observed State: Training Implementation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See item #4 above.					
COMMENTS: None					
FINDING: Meets Requirements.					

Organization: <b>ERP</b>		Date: 3/10/08		Auditor: B. Heneveld	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Are organization level Objectives established and at what frequency? Yes, annually. Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: Yes, bi-annually.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: Yes, Reviewed 2008 Targets and Objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State: Yes, See OHSAS Target and Objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: Weekly safety meetings, training and e-mail.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: ERP 2008 OHSAS Targets and Objectives.					
COMMENTS: None					
FINDING: Meets Requirements.					

Organization: <b>ERP</b>		Date: 3/11/08		Auditor: B. Heneveld	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Does the organization maintain OH&amp;S management system documentation for the following? Record location of the document/record: ERP-OPM-2.6, "Records Management"</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/> a. Description of the <u>scope</u> of the OH&S management system for its organization ( <input checked="" type="checkbox"/> or does it fit within the SBMS scope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> b. Description of the main elements of the OH&S management system and their interactions, and reference to related documents ( <input checked="" type="checkbox"/> or does it fit with the SBMS Subject Area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Documents & records required by this OHSAS 18001 Standard, such as <input checked="" type="checkbox"/> Hazard List ERP-OPM-4.1, "Environment, Safety and Health Plan" <input checked="" type="checkbox"/> Risk Assessments Each individual work package and online <input checked="" type="checkbox"/> Objectives ERP-OPM-4.8, "OHSAS Implementation Manual" <input checked="" type="checkbox"/> Management Reviews Annual review documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Documents & records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&S risk <input checked="" type="checkbox"/> Controlled Document Postings ERP Official bulletin board. <input checked="" type="checkbox"/> Record Storage location (See ERP-OPM-2.6, "Records Management") <input checked="" type="checkbox"/> Monitoring Records (See ERP-OPM-2.6, "Records Management")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: ERP-OPM-2.6, "Records Management", ERP-OPM-4.1, "Environment, Safety and Health Plan", and ERP-OPM-4.8, "OHSAS Implementation Manual".				
COMMENTS: None.				
FINDING: Meets requirements.				

Organization: <b>ERP</b>		Date: 3/11/08		Auditor: B. Heneveld	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OFI	Meets
1. Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document? Observed State: Yes, ERP-OPM-2.7, "Safety Review Committee.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: Yes, each procedure requires that a revision history be maintained.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the organization ensure that relevant versions of applicable documents are available at points of use? Observed State: Yes, Three ring binder with procedure copied onto yellow paper is brought into field.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. How does the organization ensure that documents remain legible and readily identifiable? Observed State: Yes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are OH&S documents external origin identified and their distribution controlled? Observed State: Yes, Signed original is controlled, additional copies are stamped "COPY"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)? Observed State: They are stamped "Obsolete"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: ERP-OPM-2.7, "Safety Review Committee.					
COMMENTS: None.					
FINDING: Meets requirements.					

Organization: <b>ERP</b>		Date: 3/11/08		Auditor: B. Heneveld	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			
Audit question		Major	Minor	OFI	Meets
1. Does the organization have program[s] to implement:					
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;					
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services; ERP-OPM-1.6, "Procurement Requirements for Purchased Items/Services"					
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace; ERP-OPM-1.5, "Training Management System"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives; ERP-OPM-1.3, "Work Procedure Development and Requirements"					
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives. Procedure use and adherence. Observed State: Meets requirements.					
2. How do organization OH&S programs include the management of change? Observed State: ERP-OPM-1.9, "Configuration Management of Safety Basis Documents"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)? Observed State: ERP-OPM-1.6, "Procurement Requirements for Purchased Items/Services"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PROCEDURES AND DOCUMENTATION REVIEWED: ERP-OPM-1.3, "Work Procedure Development and Requirements"; ERP-OPM-1.5, "Training Management System"; ERP-OPM-1.6, "Procurement Requirements for Purchased Items/Services"; and ERP-OPM-1.9, "Configuration Management of Safety Basis Documents".
COMMENTS: None.
FINDING: Meets requirements.

Organization: <b>ERP</b>	Date: 3/11/08	Auditor: B. Heneveld		
Element: <b>4.5.3</b>	Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>			
Audit question	Major	Minor	O/I	Meets
1. Does the organization use their own procedure(s) for record, investigate and analyze incidents? (_____ rely on SBMS)? Yes, ERP-OPM-2.2, “Corrective Action Program and Condition Reporting System”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to: <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were investigations performed in a timely manner? (Determine the timing of investigation[s]) Observed State: Yes, generally in thirty days with several outliers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined? Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained? Observed State: They are documented on Condition Report forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events? Observed State: Yes, condition reports are reviewed to determine if there are revisions necessary to risk assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions? Observed State: Yes, there are significant revision histories of procedures resulting from corrective and preventative actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: ERP-OPM-2.2, “Corrective Action Program and Condition Reporting System”				
COMMENTS: None.				
FINDING: Meets requirements.				

Organization: <b>ERP</b>	Date: 3/12/08	Auditor: B. Heneveld			
Element: <b>4.5.4</b>	Title: <b>Control of Records</b>				
Audit question		Major	Minor	O/I	Meets
1. <i>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</i> Observed State: Yes, ERP-OPM-2.6, “Records Management”		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are organization’s OSH records legible, identifiable and traceable?</b> Observed State: Yes, all records have file and revision numbers.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: Yes, but there is only one location in Building 701 for record storage.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: File Storage on the third floor in Room 12 (Copy Room across from elevator).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: ERP-OPM-2.6, “Records Management”					
COMMENTS: None.					
FINDING: Meets requirements.					

## Attachment 5

### Environment, Safety & Health Directorate

Organization: <b>ESH- SHSD</b>		Date: 03/28/08		Auditor: Selvey	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Observed State: SHSD used the SBMS listed JRAs and FRAs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Are the line organizations Risk Assessments up-to-date?</b> Observed State: Yes. SHSD has 15 JRA and 2 FRAs. They are reviewed within the 3-year cycle and all are up to date. 1/3 had been reviewed in FY07. <b>Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: No. SHSD has two XRF for lead in paint detection. These have radiation sources within. SHSD does not have a JRA to cover this hazard.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: No changes in operations in FY08, all operations (except the XRF covered in Risk Assessments. All operation covered in SHSD SOPs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: <ul style="list-style-type: none"> <li>▪ Document reviewed: SHSD-JRA-11 CMS (combination of training and PPE are controls for handling sealed containers.</li> <li>▪ Document reviewed: IH62300 In-place HEPA Filter testing- Section 5: lower hazard test solution used, Work Permit as needed, Status of active use, PPE described in detail.</li> <li>▪ Document reviewed: IH75250 Soldering Evaluations: Section 4: Prerequisite training and access approval, preliminary hazard assessment, PPE.</li> <li>▪ Document reviewed: SE50700 Requirement Management: administrative task- none listed.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified?</b> Observed State: The hazardous operations that IH does are conducted in a lab hood in Bldg 120 1-19. It is functioning and monitored monthly for storage excess and annually for flow.  Other hazard exposure occurs during HEPA Filter Testing at various locations. These operations were halted in FY07 until fall protection was verified in each location. Corrective action and interim measures have been identified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: IH employs field monitoring contractors. They are required to follow SHSD SOPs and training requirements in SHSD JTAS for their tasks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: <ul style="list-style-type: none"> <li>▪ SHSD-JRA-11 CMS</li> <li>▪ IH62300 In-place HEPA Filter testing</li> <li>▪ IH75250 Soldering Evaluations</li> <li>▪ SE50700 Requirement Management:</li> </ul>					
COMMENTS: None					
FINDING: Minor NC: A new ore update of JRA-05 is needed to cover the radiological source hazards, previously un-identified.					

Organization: <b>ESH- SHSD</b>		Date: 03/28/08		Auditor: Selvey	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following? Record location of the document/record:</b>					
<input checked="" type="checkbox"/> a. <b>Description of the scope of the OH&amp;S management system for its organization</b> ( <input type="checkbox"/> or does it fit within the SBMS scope) SHSD maintains SHSD OHSAS records in file 80.6 in Building 120 Room -122 and the BNL Site level OHSAS records in file 80.7 in Building 120 Room -122. These are accessible to others via the BNL OSH Web Pages and SHSD Web Pages maintained by SHSD.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/> <b>b. Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) SHSD has a division level procedure HP65806 that covers ISM (OHSAS & EMS) that is maintained by the SHSD Administrative Assistant in Bldg 120 Room 1-23 in File HP65. These are accessible to others via the BNL OSH Web Pages and SHSD Web Pages maintained by SHSD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c. Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input checked="" type="checkbox"/> <b>Hazard List</b> Maintained on the SHSD Web Page at: <a href="http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Hazard_List.doc">http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Hazard_List.doc</a> <input checked="" type="checkbox"/> <b>Risk Assessments</b> Maintained on the SHSD Web Page at: <a href="http://www.bnl.gov/esh/shsd/OHSAS/OSH_SHSD_JRA_FRA.asp">http://www.bnl.gov/esh/shsd/OHSAS/OSH_SHSD_JRA_FRA.asp</a> <input checked="" type="checkbox"/> <b>Objectives</b> Maintained on the SHSD Web Page at: <a href="http://www.bnl.gov/esh/shsd/OHSAS/PDF/SHSD_FY08_OSH_EMS_Objectives.pdf">http://www.bnl.gov/esh/shsd/OHSAS/PDF/SHSD_FY08_OSH_EMS_Objectives.pdf</a> <input checked="" type="checkbox"/> <b>Management Reviews</b> Maintained at the ESH Directorate level, by SHSD. The current version was not posted on the ESHD Web Page:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d. Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input checked="" type="checkbox"/> <b>Controlled Document Postings</b> Maintained on the SHSD Web Page at: <a href="http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Posted_Controlled_Document_Locations.doc">http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Posted_Controlled_Document_Locations.doc</a> Rev 6: Last updated 07/19/07 <input checked="" type="checkbox"/> <b>Record Storage location</b> (or does it use Foremost only) Maintained on the SHSD Web Page at: <a href="http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_OHSAS_18001_Records_and_Documents.doc">http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_OHSAS_18001_Records_and_Documents.doc</a> <input checked="" type="checkbox"/> <b>Monitoring Records</b> Maintained as hard copies in Bldg 120 Room 1-20 and in the Compliance Suite Database with web interface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above listings.				
COMMENTS: None				
FINDING: OFI: ESH Directorate OSH Management Review needs to be posted on the ESH ISM web page. CORRECTED: DONE -3/28/08				

Organization: <b>SHSD</b>		Date: 03/28/08		Auditor: Selvey	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OFI	Meets
1. <b><i>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</i></b> Observed State: Reviewed the process used in approving IH Group level, SE Group level, and HP Division level procedures, via the documentation record within the SOP and during a procedure review meeting held on 03/21/08 for HP80605. SHSD holds to a 3-yr cycle of review, and all SOPs within each group were up-to-date.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b><i>Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.)</i></b> Observed State: The HP and SE documents are in Rev 0 state. The IH SOPs are more numerous and many have multiple revisions. IH used and revision history in Section 10 that describes the reason for the change, the change made. Many IH Groups procedures also have the recent changes indicated in the text with margin bars, track changes, and/or dark blue text.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b><i>Does the organization ensure that relevant versions of applicable documents are available at points of use?</i></b> Observed State: The Division, SE, and IH SOPs are posted on the SHSD SOP web page and that is the only mechanism of distribution supported. The BNL disclaimer is printed on each page. The official version of procedures are under the control of the Division Manger, SE Manager or IH Manager as applicable. JRA/FRA and OSH documents are available only via the web at the SHSD ISM Web page. Some operator aids and policies are posted as listed in <a href="http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Posted_Controlled_Document_Locations.doc">http://www.bnl.gov/esh/shsd/OHSAS/WordDocs/ESHQ/SHSD/SHSD_Posted_Controlled_Document_Locations.doc</a> Rev 6: Last updated 07/19/07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b><i>How does the organization ensure that documents remain legible and readily identifiable?</i></b> Observed State: The operator aids and policies listed above are all laminated and securely mounted to the surface of the area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b><i>Are OH&amp;S documents external origin identified and their distribution controlled?</i></b> Observed State: SE Manager maintains external drivers as the official BNL record holder in the Office Trailer to the east of Bldg 120 (TR504) IH Managers maintains external drivers as the official BNL record holder in Bldg 120, Room 1022 in secure files. HP Manager does not maintain external drivers as the official BNL record holder. IH Manager maintain instrument documents relied on for Monitoring and Measuring in Building 120 Room 1-24 in a secure manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: SE and HP Managers have not generated out of date OSH documents yet. They have obsolete stamps ready for use. HP Manager has draft versions of HP65 SOPs that are marked Obsolete. IH Manager has multiple revision and draft documents that are marked obsolete. IH did a document review in FY08 and verified that 100% of document were marked as the file copy or obsolete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> HP65100: <u>Training and Qualification of Safety &amp; Health Services Professionals</u> HP65805: <u>SHSD's Integrated Safety Management Program (ISM, EMS, OHSAS)</u> SE50700: <u>Safety Engineering Requirements Management</u> IH50510: <u>Conducting an IH Program Self Assessment</u> IH50520: <u>IH Self-Assessment Report and Corrective Action Plan Content</u> IH51660: <u>Instrument Calibration and Maintenance Program</u> IH51675: <u>Instrument Manual Documentation Control</u> IH60200: <u>Records Management &amp; Document Retention</u> IH60300: <u>Required Actions when Monitoring Results Exceed Action Levels or OELs</u> <b>COMMENTS:</b> None <b>FINDING:</b> None				

Organization: <b>ESH- SHSD</b>	Date: 03/28/08	Auditor: Selvey			
Element: <b>4.4.6</b>	Title: <b>Operational Control</b>				
Audit question		Major	Minor	OPI	Meets
1. <b>Does the organization have program[s] to implement:</b>					
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;					
<input type="checkbox"/> b.) controls related to purchased goods, equipment and services;					
<input type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;					
<input type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.					
Observed State: Most SHSD operations are administrative and professional in nature and are done safely without operational controls being needed. IH monitoring and some field consultation (such as construction reviews) are conducted within SOPs maintained at either the Division level or Group level. Within these SOPs the controls are listed. JRA and FRA add an second level of review of the operations, typically focusing on hazards as the starting point, while the SOP focus on step by step processes, and controls are pre-requisites to conducting the steps.					
2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: The scheduled periodic review of Risk Assessment and SOPs is the main mechanism by which prompting change is ensured. As new equipment is purchased it is informally reviewed by the manager as to whether it fits within existing risk assessments and SOPs. If not, then a new document is created.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: SHSD use of contractors is limited to professionals for consulting on projects such as self assessments. Recently, in FY06 and FY07, SHSD has used a professional IH consulting firm to conduct monitoring. There work is conducted within the work planning model (SOP and Risk Assessments, and JPM qualification) as though they were SHSD employee. SE Group will begin using contractors for electric safety program evaluations. These will have controls written into the service contract.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: None					
COMMENTS: None					
FINDING: None					

Organization: <b>ESH- SHSD</b>	Date: 03/28/08	Auditor: Selvey			
Element: <b>4.5.3</b>	Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>				
Audit question		Major	Minor	OPI	Meets
1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? (_____rely on SBMS)?</b> SHSD uses SBMS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



<p>2. <i>Is it effective to:</i>  <input checked="" type="checkbox"/> a.) <i>determine underlying OH&amp;S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;</i>  <input checked="" type="checkbox"/> b.) <i>identify the need for corrective actions;</i>  <input checked="" type="checkbox"/> c.) <i>identify opportunities for preventative action;</i>  <input checked="" type="checkbox"/> d.) <i>identify opportunities for continual improvement;</i>  <input checked="" type="checkbox"/> e.) <i>communicate the results of such investigations.</i>  SHSD used the BNL SBMS process.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <i>Were investigations performed in a timely manner? (Determine the timing of investigation(s))</i>  Observed State: Two employees in ESH Directorate who is administratively reports to SHSD were injured. One was walking to her car. Reportable, not a DART, not a lost work day. It was investigated by SHSD Injury Management SME and reported in Case#2007155. No actions were needed for the work area.  The other injury has just occurred and at this time it is Reportable, not a DART, not a lost work day. The investigation has been conducted, but the report has not been approved. Initial indications are the work area does not need to be modified.  The SHSD-JRA-14 Administration, Professional &amp; Office Work was reviewed and did not require a revision. It was revised for other reasons in FY07.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>4. <i>Were corrective actions or opportunities for preventative action determined?</i>  Observed State: The employee was walking on a stable paved surface, with appropriate footwear. Weather conditions were not a factor. Surface Slip was not factor. No conditions need to be corrected.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>5. <i>How were the results of incident investigation documented and maintained?</i>  Observed State: SHSD uses the BNL Accident/Incident Investigation Report. It is entered into <i>Compliance Suite</i> for permanent storage and hard copies kept in Building 120 office 1-1.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>6. <i>Were risk assessments conducted or revised as a result of incidents/events?</i>  Observed State: The incident report stated the supervisor was to review the JRA/FRA and determine if change was needed. Supervisor reported he reviewed the Risk Assessment and nothing needed to be changed.  The SHSD-JRA-14 Administration, Professional &amp; Office Work was reviewed and did not require a revision. It was revised for other reasons in FY07.  The SHSD-FRA-01 Occupancy: Building 120 and Trailers T-503 and T-504 was revised on 02/27/08 was revised for other reasons in FY07.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>7. <i>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</i>  Observed State: none. There is no SHSD procedure for walking or for closing file drawers. No new procedures were generated for these processes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>PROCEDURES AND DOCUMENTATION REVIEWED:  BNL Accident/Incident Investigation Report Case#2007155.  Interviewed: A. Van Slyke; B. Penn; J. Ellerkamp</p>				
<p>COMMENTS: None</p>				
<p>FINDING: None</p>				

<p>Organization: <b>ESH- SHSD</b></p>	<p>Date: 03/28/08</p>	<p>Auditor: Selvey</p>		
<p>Element: <b>4.5.4</b></p>	<p>Title: <b>Control of Records</b></p>			
Audit question	Major	Minor	OFI	Meets
<p>1. <i>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</i>  Observed State: IH has a records management procedure IH62000 <u>Records Management &amp; Document Retention</u>. That procedure is based on SBMS Records Management. HP and SE use the SBMS Records Management subject area as their core procedure.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>2. Are organization's OSH records legible, identifiable and traceable?  Observed State: IH conducted a record audit of its records in FY08 and found most records managed well and corrected problems. SE OSH records are maintained by each SME. Worker Compensation and Accident/Incident records are maintained by the SE Administrator. Most, but not all HP records are well maintained. OFI: Improve HP records storage.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)  Observed State:  Observed HP, IH and SE record storage as listed below:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Location: IH Room 1-20 monitoring Records: all records filed adequately.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Location: IH Room 1-26 Reports/Memos: files secure.  OFI: With file, it would be best to place most recent files at the front of the drawers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Location: SE room 1-1 WC/Incidents records: all records filed adequately.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Location: HP Records: Room 1-23 and 1-24: Some records not secure</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURES AND DOCUMENTATION REVIEWED: IH62000 <u>Records Management &amp; Document Retention</u> .
COMMENTS: None
FINDING: Minor NC: Not all HP records in Rooms 1-23 and 1-24 are secure.

Organization: <b>ESH- EWMS</b>		Date: 3/6/08		Auditor: A. Bou	
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question		Major	Minor	OFI	Meets
1. <b><i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?    ___ No    ___X Yes.</i></b> Observed State: The JTAs, SOPs, FRA, JRAs, and the EWMS FY 08 Business Plan were all reviewed. Human Performance Training is being provided to EWMS senior managers. All supervisors/managers are required to conduct Field Safety Observations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b><i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i></b> Observed State: The JRAs and FRAs were not updated according to the triennial schedule. Reviews have since been entered into FATS as reminders.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b><i>Have changes occurred in the organization’s facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i></b> Observed State: JRAs and FRAs have not been reviewed and updated according to schedule.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b><i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i></b> Observed State: <ul style="list-style-type: none"><li>▪ Document reviewed: JRAs and FRAs</li><li>▪ Document reviewed: Field Observation was conducted of STP field sampling activities.</li><li>▪ Document reviewed:</li></ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b><i>Are operational controls in place and working as specified?</i></b> Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b><i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i></b> Observed State: Work permits, tailgate safety meeting, toolbox sessions, and JRAs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: FY08 Business Plan, JTAs, FRAs, JRAs, and SOPs.					
COMMENTS:					
FINDING (2) minor non-compliances issued for failure to update and review JRAs and FRAs.					

Organization: <b>ESH- EWMS</b>		Date: 3/06/08		Auditor: A. Bou			
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>					
Audit question				Major	Minor	OFI	Meets
1. <i>Are organization level Objectives established and at what frequency? Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: FY08 Business Plan was reviewed.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: FY08 EWMS Business Plan							
COMMENTS:							
FINDING: None							

Organization: <b>ESH- EWMS</b>		Date: 3/6/08		Auditor: A. Bou	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OFl	Meets
1. <i>Does the organization maintain OH&amp;S management system documentation for the following? Record location of the document/record:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a. <i>Description of the <u>scope</u> of the OH&amp;S management system for its organization</i> ( <input type="checkbox"/> or does it fit within the SBMS scope)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> b. <i>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</i> ( <input type="checkbox"/> or does it fit with the SBMS Subject Area)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. <i>Documents &amp; records required by this OHSAS 18001 Standard, such as</i>					
<input type="checkbox"/> <i>Hazard List</i> Not updated		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Risk Assessments</i> Not updated		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <i>Objectives</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <i>Management Reviews</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</i>					
<input checked="" type="checkbox"/> <i>Controlled Document Postings</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <i>Record Storage location</i> (or does it use Foremost only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <i>Monitoring Records</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
OHSAS website was reviewed.					
COMMENTS:					
FINDING: (1) minor non-compliance. Hazards List and Risk Assessments have not been updated.					

Organization: <b>ESH- EWMS</b>		Date: 3/6/08		Auditor: A. Bou	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OFl	Meets
1. <i>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</i> Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.)</i> Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Does the organization ensure that relevant versions of applicable documents are available at points of use?</i> Observed State: WM and Field Services were observed to have all applicable documents available at points of use.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How does the organization ensure that documents remain legible and readily identifiable?</i> Observed State: Documents are kept on-line electronically.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are OH&amp;S documents external origin identified and their distribution controlled?</i> Observed State: Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</i> Observed State: Documents were stamped as "obsolete" or "check on-line version to ensure document is most recent" was written on procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
Records Management Procedure and SOPs were reviewed. Interview conducted with C. Rooney.					
COMMENTS:					
FINDING: None					

Organization: <b>ESH- EWMS</b>		Date: 3/6/08		Auditor: A. Bou	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			
Audit question		Major	Minor	OFl	Meets
1. <i>Does the organization have program[s] to implement:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;				
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services;				
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;				
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;				
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.				
Observed State:				
2. How do organization OH&S programs include the management of change? Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)? Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
OHSAS website				
COMMENTS:				
FINDING: None				

Organization: ESH- EWMS		Date: 3/6/08		Auditor: A. Bou	
Element: 4.5.3		Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question		Major	Minor	OPI	Meets
1. Does the organization use their own procedure(s) for record, investigate and analyze incidents? ( <input checked="" type="checkbox"/> X rely on SBMS)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to: <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were investigations performed in a timely manner? (Determine the timing of investigation[s]) Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained? Observed State: ORPS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING: None					

Organization: ESH- EWMS		Date: 3/6/08		Auditor: A. Bou	
Element: 4.5.4		Title: Control of Records			
Audit question		Major	Minor	OPI	Meets
1. Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are organization's OSH records legible, identifiable and traceable? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Bldg. 860 (C. Rooney)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Location: Bldg. 120 (M. Theisen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING: None				

Organization: ESH- RCD		Date: 03/17/08		Auditor: K. Conkling	
Element: 4.3.1		Title: Planning For Hazard Identification, Risk Assessment and Risk Control			
Audit question		Major	Minor	O/I	Meets
1. Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ? ___ No ___X___ Yes Observed State: RCD FY07 Work Scope and Self-Assessment Plan w RCD Objectives and Targets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities? Observed State: Yes, review of OHSAS audit and the Hazard list. Review frequency of JRAs, reviews, FS Reps input to RCT JRAs, web sites for staff.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3. Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change? Observed State: FS-JRA-01 was revised and additional controls added to address an injury.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4. Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents? Observed State: Yes ▪ Document reviewed: ▪ Document reviewed: ▪ Document reviewed:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
5. Are operational controls in place and working as specified? Observed State: Yes, objectives and targets in the RP Business Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
6. What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them? Observed State: Yes, RCT Training Program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

Organization: ESH- RCD		Date: 03/17/08		Auditor: K. Conkling	
Element: 4.3.3		Title: Objectives and program(s)			
Audit question		Major	Minor	O/I	Meets
1. Are organization level Objectives established and at what frequency? Yes, established as part of Self-Assessment Business Plan., are covered @ staff meetings bi-monthly. Is there a documented frequency to review status of objectives? (other than SBMS) Observed State: Objectives and targets in RP Business Plan.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement? Observed State: Training of supervisors and group leaders ensure ESH involvement. Objectives are measurable and practical and are listed in the Division Business Plan. Improvement of revised subject area. All OSH goals are measurable. Also, re-training of all Supervisors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3. Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved. Observed State: a) Yes, we meet the requirement, deadlines have been given, people are assigned with due dates. (RCD Business Plan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4. How are objectives made known to the employee/guests that are supposed to achieve them? Observed State: Performance goals for the year. I&C Calibration Facility priority and status Job Risk Assessment; RCD Job and Facility Risk Assessment priority list. Employees are made aware of objectives during small group staff meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

PROCEDURES AND DOCUMENTATION REVIEWED:
COMMENTS:
FINDING:

Organization: ESH- <b>RCD</b>	Date: 03/17/08	Auditor: K. Conkling		
Element: <b>4.4.4</b>	Title: <b>Documentation</b>			
Audit question	Major	Minor	OFI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record: ESHQ Homepage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
a. <b>Description of the <u>scope</u> of the OH&amp;S management system for its organization</b> ( <input type="checkbox"/> or does it fit within the SBMS scope) :: RCD Management System subscribes to the FY07 Work Scope and Self-Assessment Plan (Rev. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) :: See the FY 07 Work Scope and Self-Assessment Plan (Rev. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input type="checkbox"/> <b>Hazard List: Yes</b> <input type="checkbox"/> <b>Risk Assessments: JRAs and FRAs</b> <input type="checkbox"/> <b>Objective: RCD subscribes to the FY 08 RCD Business Plan</b> <input type="checkbox"/> <b>Management Reviews: SBMS OHSAS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
d. <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input type="checkbox"/> Controlled Document Postings: Bldg. 348, postings are up to date on main board; control Bldg. 348 Documents are up to date. <input type="checkbox"/> Record Storage location: Bldg. 120 <input type="checkbox"/> Monitoring Records: PM in Bldg. 490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING:				

Organization: ESH- <b>RCD</b>	Date: 03/17/08	Auditor: K. Conkling		
Element: <b>4.4.5</b>	Title: <b>Control of Documents</b>			
Audit question	Major	Minor	OFI	Meets
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: Yes (SOPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: Almost all are in electronic form, exc. PM has their documents in a cabinet close to the work station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: Stored in fire proof cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: RADCON 10CFR 835 : this topic needs to be covered, ? regulatory drivers? SBMS not tracking ANSI, etc., etc., have to have the right version	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: Centralized web location; where most re-current documents are located; some groups control their own files.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING:				

Organization: ESH- RCD		Date: 03/17/08		Auditor: K. Conkling	
Element: 4.4.6		Title: Operational Control			
Audit question		Major	Minor	OFI	Meets
1. Does the organization have program[s] to implement:					
X a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system; Building 348 interlock system					
X b.) controls related to purchased goods, equipment and services;					
X c.) controls related to contractors and other visitors to the workplace; Indoctrination program; sub-contracted RCTs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
X d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives; Procedure # ADM004 on exemptions to rad requirements					
<input type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.					
Observed State: N/A					
2. How do organization OH&S programs include the management of change?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Limiting conditions and void points in the RWP procedure					
3. Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Yes, in the RCT indoctrination program					
PROCEDURES AND DOCUMENTATION REVIEWED:					
FS-SOP-4031 RWP Procedure					
COMMENTS:					
FINDING:					

Organization: ESH- RCD		Date: 03/17/08		Auditor: K. Conkling	
Element: 4.5.3		Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question		Major	Minor	OFI	Meets
Does the organization use their own procedure(s) for record, investigate and analyze incidents? (_or_) rely on SBMS)? All three, SBMS, RAR procedure, and Non-Conformance Subject Area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
1. Is it effective to:					
X a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;					
X b.) identify the need for corrective actions;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
X c.) identify opportunities for preventative action;					
X d.) identify opportunities for continual improvement;					
X e.) communicate the results of such investigations.					
2. Were investigations performed in a timely manner? (Determine the timing of investigation[s])		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Yes, the expectation is to close out RARs within 60 days; critiques are also posted on the RCD home page.					
3. Were corrective actions or opportunities for preventative action determined?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Yes					
4. How were the results of incident investigation documented and maintained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Electronic and paper records					
5. Were risk assessments conducted or revised as a result of incidents/events?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Yes, JRA-FS-01, FS Technician					
6. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Observed State: Yes, routinely					
PROCEDURES AND DOCUMENTATION REVIEWED:					
RARs, Accident Investigation Reports, Assessments.					
COMMENTS:					
FINDING:					

Organization: ESH- RCD		Date: 03/17/08		Auditor: K. Conkling	
Element: 4.5.4		Title: Control of Records			

Audit question	Major	Minor	OFI	Meets
1. <b><i>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</i></b> Observed State: We rely on both the SBMS and a Divisional level procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
2. Are organization's OSH records legible, identifiable and traceable? Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State: Yes, records are stored and maintained by Record Custodians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Location: Assessment Records: Bldg. 120	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Location: Calibration Records: Bldg. 348	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Location: Records Storage Room Bldg. 490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
PROCEDURES AND DOCUMENTATION REVIEWED: N/A				
COMMENTS:				
FINDING:				



## Attachment 5

### Collider Accelerator Department/SCM

Organization: <b>C-AD / SMD</b>		Date: <b>2/14/08</b>		Auditor: <b>R. Savage/ J. Montalto</b>	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</i> <u>    </u> No <u>  X  </u> Yes Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i> Observed State: <u>Risk Assessments for 2008 are on schedule &amp; will be completed as required.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i> Observed State: <u>No major changes to organization that affects risk assessments.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i> Observed State: <u>All risk assessments take into account operating OPMs, work controls, admin &amp; engineering controls when preparing these documents.</u> <div style="margin-left: 20px;"> <ul style="list-style-type: none"> <li>▪ Document reviewed:</li> <li>▪ Document reviewed:</li> <li>▪ Document reviewed:</li> </ul> </div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are operational controls in place and working as specified?</i> Observed State: <u>Yes, in accordance with OPM requirements.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i> Observed State: <u>Work Controls Program</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: <u>OPM 2.8</u>					
COMMENTS:					
FINDING:					

Organization: <b>C-AD / SMD</b>		Date: <b>2/14/08</b>		Auditor: <b>R. Savage/ J. Montalto</b>	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Are organization level Objectives established and at what frequency?</i> <u>Yearly</u> <i>Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: <u>Program defined in OPM procedures.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: <u>Yearly objectives are reviewed for practicability and revised if required.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State: <u>Yes, OPMs listed below.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: <u>Yes, objectives posted on C-AD web page.</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: <u>OPM 1.10.4, 14.30, 1.10, 13.10.1, Self Assessment Plan.</u>					
COMMENTS:					
FINDING:					

Organization: <b>C-AD / SMD</b>		Date: <b>2/14/08</b>		Auditor: <b>R. Savage/ J. Montalto</b>	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OFI	Meets

1. Does the organization maintain OH&S management system documentation for the following? Record location of the document/record: <u>Yes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a. Description of the <u>scope</u> of the OH&S management system for its organization ( <input checked="" type="checkbox"/> or does it fit within the SBMS scope) (BOTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> b. Description of the main elements of the OH&S management system and their interactions, and reference to related documents ( <input checked="" type="checkbox"/> or does it fit with the SBMS Subject Area) (BOTH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Documents & records required by this OHSAS 18001 Standard, such as <input checked="" type="checkbox"/> Hazard List <input checked="" type="checkbox"/> Risk Assessments  <u>Meets Requirements</u> <input checked="" type="checkbox"/> Objectives <input checked="" type="checkbox"/> Management Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Documents & records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&S risk <input checked="" type="checkbox"/> Controlled Document Postings <u>Posted on C-AD / SMD Web Pages.</u> <input checked="" type="checkbox"/> Record Storage location (or does it use Foremost only) <input checked="" type="checkbox"/> Monitoring Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: OPM 1.2, 1.4 series, 1.10.4, 13.4.1, R2A2, JRA/FRA Listing.				
COMMENTS:				
FINDING:				

Organization: <b>C-AD / SMD</b>	Date: <b>2/14/08</b>	Auditor: <b>R. Savage/ J. Montalto</b>			
Element: <b>4.4.5</b>	Title: <b>Control of Documents</b>				
Audit question	Major	Minor	OPI	Meets	
1. Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document? Observed State: <u>3 year review cycle. OPM chapters found under review are tracked until completed.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: <u>OPMs reviewed by responsible parties prior to issuance.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Does the organization ensure that relevant versions of applicable documents are available at points of use? Observed State: <u>All OPMs on web site and (2) hard copies maintained in QA department and Operations Control Room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. How does the organization ensure that documents remain legible and readily identifiable? Observed State: <u>Reviewed by administrative staff to ensure OPMs are maintained properly.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Are OH&S documents external origin identified and their distribution controlled? Observed State: <u>Yes, see item 3 above.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)? Observed State: <u>Stamped on cover of OPMs. Users must ensure OPMs in use agree with Web Site Directory.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: OPM 1.4 series, 1.2, 10.1, 13.4.1, JRA / FRA listing.					
COMMENTS:					
FINDING:					

Organization: <b>C-AD / SMD</b>	Date: <b>2/14/08</b>	Auditor: <b>R. Savage/ J. Montalto</b>			
Element: <b>4.4.6</b>	Title: <b>Operational Control</b>				
Audit question	Major	Minor	OPI	Meets	
1. Does the organization have program[s] to implement:					
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system; <u>Yes per requirements.</u>					
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services; <u>Purchase orders are reviewed by QA prior to issuance.</u>					
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace; <u>In accordance with procedure.</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives; <u>Yes, as required.</u>					
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.					
Observed State: <u>Seven minor OSHA concerns were observed (see attachment) within ERL. Issues identified and will be tracked in ATS until corrected.</u>					

2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: <u>In accordance with SBMS Subject Area requirements.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: <u>Yes, via work controls subject area requirements.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: SBMS work controls subject area, OPM 2, 8 & 13 series, Risk Analysis Records				
COMMENTS:				
FINDING: <u>See Above.</u>				

Organization: <b>C-AD / SMD</b>	Date: <b>2/14/08</b>	Auditor: <b>R. Savage/ J. Montalto</b>			
Element: <b>4.5.3</b>	Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>				
Audit question	Major	Minor	OPI	Meets	
1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents?( <u>X</u> rely on SBMS)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Is it effective to:</b> <input checked="" type="checkbox"/> a.) <b>determine underlying OH&amp;S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;</b> <input checked="" type="checkbox"/> b.) <b>identify the need for corrective actions;</b> <input checked="" type="checkbox"/> c.) <b>identify opportunities for preventative action;</b> <input checked="" type="checkbox"/> d.) <b>identify opportunities for continual improvement;</b> <input checked="" type="checkbox"/> e.) <b>communicate the results of such investigations.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Were investigations performed in a timely manner? (Determine the timing of investigation[s])</b> Observed State: <u>Yes as scheduled.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <b>Were corrective actions or opportunities for preventative action determined?</b> Observed State: <u>Yes as stated on reports.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <b>How were the results of incident investigation documented and maintained?</b> Observed State: <u>Yes as required by ESHQ personnel.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <b>Were risk assessments conducted or revised as a result of incidents/events?</b> Observed State: <u>Not in 2008.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. <b>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</b> Observed State: <u>Yes as required by OPM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: C-AD OPM 9.4.1, 9.4.5, 10.1, SMD 2.2, SBMS Subject Area.					
COMMENTS:					
FINDING:					

Organization: <b>C-AD / SMD</b>	Date: <b>2/14/08</b>	Auditor: <b>R. Savage/ J. Montalto</b>			
Element: <b>4.5.4</b>	Title: <b>Control of Records</b>				
Audit question	Major	Minor	OPI	Meets	
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: <u>Yes see below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: <u>Yes as required</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: <u>Yes as required.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: <u>1<sup>st</sup> &amp; 2<sup>nd</sup> floor of C-AD Bldg. 911A.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: <u>2<sup>nd</sup> floor of SMD Bldg. 902.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: OPM 1.1, 1.2, 1.4 series, 10.1, 13.4.1, 13.4.2, SBMS Subject Area, SMD 1.2.					
COMMENTS:					
FINDING:					

## Attachment 6

### Facility & Operations Department

Organization: <b>Facilities &amp; Operations Directorate</b>		Date: March 08		Auditor: Richard DeRocher	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program?</i> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Observed State: Not applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non-routine activities; all personnel and all facilities?</i> Observed State: 283 of 288 Risk Assessments were reviewed on time. The remaining 5 are currently being reviewed. See OFI 1.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up dated to cover the scope of the change?</i> Observed State: Yes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) Substitution; c.) Engineering controls; d.) Signage/warning and/or administrative controls; e.) Personal protective equipment) when determining controls within risks assessments and other planning documents?</i> Observed State: Document reviewed: EP-ES&H-102, Electrical Safety Procedure Document reviewed: EP-ES&H-211, Blood Bourne Pathogens Procedure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are operational controls in place and working as specified?</i> Observed State: Yes, examples include Job Site Tier 1 Inspections, Stop Observations, SOPs, LOTO, and Work Planning.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i> Observed State: Work Permits, Contract Documents, Contractor / vendor Orientation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: EP-ES&H-102, Electrical Safety Procedure, EP-ES&H-211, Blood Bourne Pathogens Procedure, Job and Facility Risk Assessments					
COMMENTS: Corrective Actions are generated and e-mailed to individuals to review risk assessments.					
FINDING: See OFI 1.					

Organization: <b>Facilities &amp; Operations Directorate</b>		Date: March 08		Auditor: Richard DeRocher	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Are organization level Objectives established and at what frequency?</i> <i>Is there a documented frequency to review status of objectives? (Other than SBMS)</i> Observed State: Yes, F&O objectives are reviewed annually.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: Yes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) Designation of responsibilities and authority for achieving objectives; and b.) Means and time frame by which the objectives are to be achieved.</i> Observed State: Yes, F&O ESH Program Description.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: Objectives are communicated by F&O Environment, Safety & Health Management System and Self-Assessment Program Website, e-mail, Safety Information Bulletins, F&O Safety Management Plan FY 2008, and group meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: FY 08 Targets and Objectives with status, F&O FY 08 Business Plan, Flash Reports, Town Hall Meeting Presentations, F&O Safety management Plan FY 2008					
COMMENTS:					
FINDING: None.					

Organization: Facilities & Operations Directorate		Date: March 08		Auditor: Richard DeRocher	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a. <b>Description of the <u>scope</u> of the OH&amp;S management system for its organization</b> ( <input type="checkbox"/> or does it fit within the SBMS scope) F&O ESH Management System and Self-Assessment Program Website		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) F&O ESH Management System and Self-Assessment Program Website		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c. Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input checked="" type="checkbox"/> <b>Hazard List</b> F&O ESH Management System and Self-Assessment Program Website <input checked="" type="checkbox"/> <b>Risk Assessments</b> F&O ESH Management System and Self-Assessment Program Website <input checked="" type="checkbox"/> <b>Objectives</b> F&O ESH Management System and Self-Assessment Program Website <input checked="" type="checkbox"/> <b>Management Reviews</b> F&O ESH Management System and Self-Assessment Program Website		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d. Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input checked="" type="checkbox"/> <b>Controlled Document Postings</b> F&O Procedures & SOP Information Website <input checked="" type="checkbox"/> <b>Record Storage location</b> Building 185 - Room 9A <input checked="" type="checkbox"/> <b>Monitoring Records</b> Building 185 - Room 9A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: F&O ESH Management System Description, F&O ESH Management System and Self-Assessment Program Website, F&O Procedures & SOP Information Website					
COMMENTS:					
FINDING: None.					

Organization: Facilities & Operations Directorate		Date: March 08		Auditor: Richard DeRocher	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: Yes, each document revision is approved before use. The F&O Corrective Action Tracking System is used to track periodic review dates. Document reviews are scheduled every 3 years.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: Yes, margin bars are used to identify the sections of documents that have been changed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: The current revisions of OHSAS documents are available on the Safety & Health Management System and Self-Assessment Program Website. A few paper copies of procedures are issued. These procedures are marked "Controlled" in red and are updated by the ESHT&Q Staff Specialist.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: The use of web-based documents ensures that documents remain legible.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: Owners of documents of external origin are required to maintain a list of these documents and their locations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: The use of a disclaimer on documents stating that the electronic copy on the web is latest copy prevents the unintended use of obsolete documents. When paper copies are revised, the superceded documents are removed from use.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: F&OP-MGMT-100, Facility & Operations Procedures, Internal Controlled Document Subject Area					
COMMENTS:					
FINDING: None.					

Organization: Facilities & Operations Directorate		Date: March 08		Auditor: Richard DeRocher	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			

Audit question	Major	Minor	OFI	Meets
1. Does the organization have program[s] to implement:				
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;				
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services;				
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;				
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.				
Observed State: In addition to the requirements and controls contained in the SBMS, F&O and each of the 5 Divisions have numerous procedures to address specific activities.				
2. How do organization OH&S programs include the management of change?				
Observed State: Change is managed by the requirements management process, periodic review of documents and procedures, injury investigations, and the Tier 1 program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?				
Observed State: BNL requirements are communicated to suppliers and contractors through purchase orders, Contractor vendor orientation, and the work control program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING: None.				

Organization: Facilities & Operations Directorate		Date: March 08	Auditor: Richard DeRocher	
Element: 4.5.3	Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question	Major	Minor	OFI	Meets
1. Does the organization use their own procedure(s) for record, investigate and analyze incidents? ( √ rely on SBMS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to:				
<input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;				
<input checked="" type="checkbox"/> b.) identify the need for corrective actions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> c.) identify opportunities for preventative action;				
<input checked="" type="checkbox"/> d.) identify opportunities for continual improvement;				
<input checked="" type="checkbox"/> e.) communicate the results of such investigations.				
3. Were investigations performed in a timely manner? (Determine the timing of investigation[s])				
Observed State: Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined?				
Observed State: Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained?				
Observed State: Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events?				
Observed State: Yes, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?				
Observed State: Yes. CA 9128, Revise JRA-EP-Construction, ECS Field Work CA 9975, Review and issue Emergency Services procedures CA 9979, Revise Forklift Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
F&O Corrective Action Database				
COMMENTS:				
FINDING: None.				

Organization: Facilities & Operations Directorate		Date: March 08	Auditor: Richard DeRocher	
Element: 4.5.4	Title: Control of Records			
Audit question	Major	Minor	OFI	Meets
1. Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?				
Observed State: No, F&O records are maintained in accordance with the SBMS Records Management Subject Area. OHSAS 18001 Program Registration Documents (Folder No. DF 8169) are owned by R. Costa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Are organization's OSH records legible, identifiable and traceable? Observed State: Yes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State: The controlled copy of OHSAS records are maintained on the F&O ESH Management System and Self-Assessment Program Website. Paper records are maintained in Room 9A of Building 185. Location: F&O ESHT&Q Group - Room 9A of Building 185 Verified that JRAs, FRAs, and the F&O ESH Program Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Job Risk Assessments, Facility Risk Assessments, F&O ESH Program Description, FY08 ESH Targets and Objectives, Management Review Documentation, and FY07 ESH External Assessment.				
COMMENTS: Current copies of all OHS records are maintained on the F&O ESH Management System and Self-Assessment Program Website.				
FINDING: OFI 3 – Section 4.5.5, "Records and Records Management," of the F&O ESH Program Description needs to be revised to reflect current records management practices. OFI 4 – BNL Records Management Record Folder No. DF8169, OHSAS 18001 Program Registration Documents, need to be revised to reflect current records management practices (change to an electronic record).				

### AUDIT REPORT

1.0 Purpose: This assessment was conducted to evaluate the implementation of the OHSAS 18001 - 2007 requirements. The assessment was performed at the request of the Safety and Health Services Division.

2.0 Scope: Implementation of the OHSAS 18001 - 2007 requirements were evaluated in March of 2008. The assessment was conducted in accordance with the requirements of an assessment plan (see Attachment 1) and an assessment checklist (see Attachment 2). Individuals were interviewed (see Attachment 3), and documentation associated with the implementation of the SA was reviewed.

3.0 Summary: This assessment determined that the F&O Directorate's implementation of OHSAS 18001 - 2007 requirements is satisfactory. No Findings were identified. Four Opportunities for Improvement, which are statements of fact that could lead to nonconformances. Details are provided below:

4.0 Findings: None.

5.0 Opportunities for Improvement (OFI)

- 5.1 OFI 1: Several Risk Assessments are past their scheduled review date. They are in the process of being updated. However, 283 of 288 were completed on time.
- 5.2 OFI 2: Employee knowledge of ESSH Policy requirements, plaque locations, and how to find the policy on the web needs improvement.
- 5.3 OFI 3: Section 4.5.5, "Records and Records Management," of the F&O ESH Program Description needs to be revised to reflect current records management practices.
- 5.4 OFI 4: BNL Records Management and Record Folder No. DF8169, OHSAS 18001 Program Registration Documents, need to be revised to reflect current records management practices (change to electronic an record).

6.0 Recommended Actions:

The results of the assessment were reviewed with the F&O OSH Representative. The following actions will be taken to address the Opportunities for Improvement identified in this assessment:

- OFI 1: F&O ESHT&Q Manager needs to place more attention on ensuring all risk assessments are reviewed prior to their expiration dates. (No formal corrective action required).
- OFI 2: A safety tool box will be generated and sent to F&O Supervisors to discuss the ESSH Policy, plaque locations, and how to access the policy from a computer. A Corrective Action will be assigned to the QA Coordinator.
- OFI 3: Revise F&O ESH Program Description to reflect current record Management practices. A Corrective Action will be assigned to the QA Coordinator.
- OFI 4: Revise record folder DF8169 to reflect current record management practices. A Corrective Action will be assigned to the QA Coordinator.

Completion of the actions identified by this assessment will be tracked in the F&O Corrective Action Tracking System.

7.0 Attachments:

1. Assessment Plan
2. Assessment Checklist
3. List of Personnel Contacted
4. Documents Reviewed

### ATTACHMENT 1 - AUDIT PLAN

1. Purpose: The purpose of this audit is to evaluate the implementation and effectiveness of the OHSAS 18001 requirements.
2. Scope: OHSAS 18001 Elements 4.1, 4.2, 4.3.1, 4.3.3, 4.4.3, 4.4.4, 4.4.5, 4.4.6, 4.4.7, 4.5.3, 4.5.4, and 4.6 will be reviewed with F&O Directorate and Procurement and Property Management Division personnel to evaluate the implementation and effectiveness of the OHSAS 18001 requirements.
3. Audit Personnel: Richard DeRocher

4. Personnel To Be Contacted: F&O & PPM Individuals that are responsible for implementing OHSAS 18001 requirements will be contacted during this assessment.

5. Assessment Activities, Requirements, and Documents:

- Use the audit checklist to conduct the assessment.
- Interview personnel, review records, and conduct field reviews to determine if requirements are effectively implemented.
- Discuss the results of the audit with the F&O OSH Representative.
- Prepare and issue the final assessment report to the Manager of the F&O ESHT&Q Group and the Safety and Health Services OSH Point of Contact.
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## ATTACHMENT 2 – AUDIT CHECKLIST

## ATTACHMENT 3 - LIST OF PERSONNEL CONTACTED

<b>NAME</b>	<b>ORGANIZATION</b>
Costa, R.	F&O OSH Representative
Bender, P.	F&O ES&H Coordinators
Houvener, N.	F&O ES&H Coordinators
Martino, P.	F&O ES&H Coordinators
Pfeiffer, D.	Staff Specialist
Walsh, D.	Safeguards & Security
Timm, M.	Safeguards & Security
Kelly, T.	Emergency Services
Levesque, J.	Emergency Services
Seibel, R.	Central Fabrication
Lambertson, T	Central Fabrication
Selvey R.	Safety and Health Services

## ATTACHMENT 4 - LIST OF DOCUMENTS REVIEWED

BNL ESSH Policy EP-ES&H-102, Electrical Safety Procedure EP-ES&H-102, Electrical Safety Procedure EP-ES&H-211, Blood Borne Pathogens Procedure EP-ES&H-211, Blood Borne Pathogens Procedure ES&H Committee Meeting Minutes F&O Corrective Action Database F&O ESH Management System and Self-Assessment Program Website F&O ESHTQ-GS-110: <u>Employee Environmental, Safety, and Health Concerns</u> F&O FY 08 Business Plan	F&O Procedures & SOP Information Website F&O Safety Management Plan FY 2008 F&OP-MGMT-100, Facility & Operations Procedures Facility Risk Assessments Flash Reports FY 08 Targets and Objectives with status Job Risk Assessments Management Review Minutes Management Review PowerPoint Presentation from 10/18/2007 Management Review Record of Decision SBMS Internal Controlled Document Subject Area Town Hall Meeting Presentations
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## Attachment 5 Life Sciences Directorate

Organization: <b>Life Sciences</b>		Date: 3/17/08		Auditor: Emrick	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
<b>1. Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Observed State: ESRs, WPs, JRAs, FRAs are used. Human factors have recently been incorporated into the WPC system. Feedback from questions has been sparse to date. HPI should help drive improvement.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2. Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: JRAs and FRAs are required to be updated at least every 3yrs. Life Sciences has a revision scheduled posted on the website. FY08 scheduled JRAs are in process. About 1/3 have been revised to date. Goal is end of FY. OFI---Incorporation of JRAs into ESRs will ensure that all activities have been assessed. This should happen as part of the ESR update (electronic ESR process should facilitate) OFI---Site wide should consider using cross cutting multi-directorate teams for updating JRAs and/or rolling up into Subject Areas.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: No changes in operations that would necessitate new JRAs or FRAs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4. Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: This is incorporated into the WPC system. ESRs have been revised to specify hierarchy. <ul style="list-style-type: none"> <li>▪ Document reviewed: See revised Subject Area.</li> <li>▪ Document reviewed: ESR-MO-Thanos—not specifically discussed but incorporated into controls and a section on substitution is included. Will improve this with new format.</li> <li>▪ Document reviewed:</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5. Are operational controls in place and working as specified?</b> Observed State: Reviewed machine shop in 421 and experimental work in 490 under MO-Thanos1. Training for staff working was up to date, postings were up to date. PPE needs to be more specific in ESR (OFI)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Work Planning and control. A WCC reviews work (or ESRC).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above					
COMMENTS:					
FINDING:					
OFI 1: Incorporation of JRAs into ESRs will ensure that all activities have been assessed. This should happen as part of the ESR update (electronic ESR process should facilitate)					
OFI: Site wide should consider using cross cutting multi-directorate teams for updating JRAs and/or rolling up into Subject Areas.					
OFI 3: PPE needs to be more specific in ESR (OFI)					

Organization: <b>Life Sciences</b>		Date: 3/17/08		Auditor: Emrick	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
<b>1. Are organization level Objectives established and at what frequency?</b> <b>Is there a documented frequency to review status of objectives? (other than SBMS)</b> Observed State: Objectives are established annually as required and revised if necessary during the FY.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2. Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</b> Observed State: They flow down from OSH priorities and from Directorate assessment results or feedback from management review. Example: OSHA particularly haz substance focus.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3. Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</b> Observed State: Yes, see Life Sciences Self Assessment Plan 08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. <b>How are objectives made known to the employee/guests that are supposed to achieve them?</b> Observed State: They are communicated to affected staff as appropriate. All hands meetings, emails and newsletters are ways they are communicated. See 2/08 newsletter on S2, Tier 1s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above				
COMMENTS: None—see above				
FINDING: None				

Organization: <b>Life Sciences</b>	Date: 3/18/08	Auditor: Emrick			
Element: <b>4.4.4</b>	Title: <b>Documentation</b>				
Audit question	Major	Minor	OFI	Meets	
1. <b>Does the organization maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record: OHSAS POC (inventoried in Records system).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> a. <b>Description of the <u>scope</u> of the OH&amp;S management system for its organization</b> ( <input type="checkbox"/> or does it fit within the SBMS scope) OFI—remove management system description and replace with SBMS only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input type="checkbox"/> or does it fit within the SBMS Subject Area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input type="checkbox"/> Hazard List OFI—currently a list is created for Management review and the JRAs/FRAs list identifies hazards however there is a site wide list which should be linked to from the Life Sciences OHSAS website. <input checked="" type="checkbox"/> Risk Assessments <input checked="" type="checkbox"/> Objectives <input checked="" type="checkbox"/> Management Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input checked="" type="checkbox"/> Controlled Document Postings <input checked="" type="checkbox"/> Record Storage location (or does it use Foremost only) Foremost only <input type="checkbox"/> Monitoring Records – Rely on Compliance Suite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: See above					
COMMENTS: Questioned Selvey and Peters on the requirement for a hazard list. We seem to have it covered under the Management Review slide on OSH hazards and the JRA/FRA lists. Decided on an OFI					
FINDING: OFI – Remove Life Sciences management system description and replace with SBMS only. OFI Hazard List OFI—currently a list is created for Management review and the JRAs/FRAs list identifies hazards however there is a site wide list which should be linked to from the Life Sciences OHSAS website.					

Organization: <b>Life Sciences</b>	Date: 3/18/08	Auditor: Emrick			
Element: <b>4.4.5</b>	Title: <b>Control of Documents</b>				
Audit question	Major	Minor	OFI	Meets	
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: Yes – reviewed management system description, a sampling of ESRs, Self Assessment plan w/goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: Current revision status is identified by version or date as per subject area. A revision (change) history is in process of being added as JRAs/FRAs and other documents are updated. Worst case is that a person would have to compare the two versions to determine changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: Postings and operator aids were visible in shops, labs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: Tier 1s, records management, assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: SHSD maintains documents on monitoring and test equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: Obsolete is written on out dated/revised documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: See above					

COMMENTS: May need to take a closer look at documents of external origin to see what exactly they are looking for. All safety related equipment manuals are maintained in ESH Dir.  
FINDING: OFI in process is the tracking of changes on documents (see JRAs/FRAs revised in 08).

Organization: <b>Life Sciences</b>		Date: 3/18/08		Auditor: Emrick	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization have program[s] to implement:</b>					
<input checked="" type="checkbox"/> a.) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system; ESRs, WPs, SOPs					
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services; WCC					
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;					
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.					
Observed State: An effort is underway to better specify PPE in the work planning documents (replace "PPE as required" and "as appropriate" with the requirements.					
2. <b>How do organization OH&amp;S programs include the management of change?</b>					
Observed State: Operational controls are re-evaluated at minimum annually and when experiments/work changes in scope. In addition, if the SBMS changes they are evaluated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b>					
Observed State: ISM flowdown in webreq system covers this. WCC communicate requirements to contractors or they are covered under and ESR>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above					
COMMENTS: ESRs will benefit from the details of specific PPE.					
FINDING:					

Organization: <b>Life Sciences</b>		Date 3/18/08		Auditor: Emrick	
Element: <b>4.5.3</b>		Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? (___X___ rely on SBMS)?</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Is it effective to:</b>					
<input type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;					
<input type="checkbox"/> b.) identify the need for corrective actions;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> c.) identify opportunities for preventative action;					
<input type="checkbox"/> d.) identify opportunities for continual improvement;					
<input type="checkbox"/> e.) communicate the results of such investigations.					
3. <b>Were investigations performed in a timely manner? (Determine the timing of investigation[s])</b>					
Observed State: Followed subject area on events/issues/ORPS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Were corrective actions or opportunities for preventative action determined?</b>					
Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>How were the results of incident investigation documented and maintained?</b>					
Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>Were risk assessments conducted or revised as a result of incidents/events?</b>					
Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFI as a result of an SMF over exposure and some waste management issues those JRAs should be revisited in FY08.					
7. <b>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</b>					
Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS: Life Sciences has several examples of executing the events and issues Subject Area including call in to categorizer's, ORPS and NTS reports. The subject area covers the corrective and preventative action requirements.					
FINDING: OFI as a result of a SMF over exposure and some waste management issues those JRAs should be revisited in FY08.					

Organization: <b>Life Sciences</b>		Date: 3/18/08		Auditor: Emrick	
Element: <b>4.5.4</b>		Title: <b>Control of Records</b>			
Audit question		Major	Minor	OPI	Meets
1. Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are organization's OSH records legible, identifiable and traceable? Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Tier I records		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: JRAs/FRAs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: 801 SOPs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: ESRs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS: Records are identified and managed in the Foremost System.					
FINDING: None					




Attachment 5  
NSLS

Organization: <b>NSLS</b>		Date: 3/30/08		Auditor: M. Buckley	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ? <u>  X  </u> No <u>      </u> Yes. If Yes, does the system take into account: a.) routine and non-routine activities; Yes - NSLS has completed JRAs and FRAs for routine and non-routine activities. A list of these activities is located on the NSLS website for all staff to access. b.) activities of all personnel having access to the workplace (including contractors and visitors); Yes - In addition to BNL Personnel, contractors and users were considered during the evaluation. In some of the JRAs, users were invited to participate in the review. Contractors and vendors are managed through the NSLS Guest Administrator with use of the NSLS Contractor/Vendor Orientation Form. c.) human behavior, capabilities and other human factors- Yes.; d.) identified hazards origination outside the workplace capable of adversely affecting the health and safety of persons under the control of the organization within the workplace; Yes- Lessons learned from other facilities are considered, if applicable. e.) hazards created in the vicinity of the workplace by work-related activities under the control of the organization - Yes.; f.) infrastructure, equipment and materials at the workplace, whether provided by the organization or others - Yes.; g.) changes or proposed changes in the organization, its activities or material; Yes – A checklist is used for design and beamline safety reviews that addresses changes to JRAs/FRAs. If an incident occurs applicable JRA/FRAs are reviewed as well as procedures. h.) modifications to the OH&S management system, including temporary changes, and their impacts on operations, processes, and activities. Yes – See response to “g” above.; i.) any legal obligations relating to risk assessments and implementation of necessary controls; Yes – Regulations are considered when identifying needed controls. j.) the design of work areas, processes, installations, machinery/equipment, operating procedures and work organization, including their adoption to human capabilities. Yes - JRAs are used to determine if specific activities need to be included in the NSLS Qualification Training Matrix based on the results of the assessment. Work planning and control process, Design Reviews, and Beamline Reviews is used to review many of the processes at NSLS. Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities? Observed State: Yes – The JRAs and FRAs are up to date. They address a full scope of NSLS operations, routine and non routine activities, and include NSLS personnel and facilities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Yes – For example the Walking JRA (LS-JRA-0038) was reviewed and updated as the result of two incidents. Were they up-to-dated to cover the scope of the change? They were either reviewed or reviewed/revised. Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Did the organization observe the (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents? Yes Observed State: <ul style="list-style-type: none"><li>Document reviewed: Work with Cooling Water Systems (LS-JRA-0012)</li><li>Document reviewed: Electrical &amp; Electronic shop Work (LS-JRA-0001)</li><li>Document reviewed: Elevated Work (LS-JRA-0035)</li></ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are operational controls in place and working as specified? Yes Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them? Work Planning and Control process and NSLS Contractor/Vendor Orientation Form Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: NSLS OHSAS Management System Manual, (LS-ESH-0041) Various NSLS JRAs and FRAs					
COMMENTS: See Above.					
FINDING: <b>None</b>					

Organization: <b>NSLS</b>		Date: 3/30/		Auditor: M. Buckley	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets

1. Are organization level Objectives established and at what frequency? Yes - NSLS department objectives have been established and are developed on an annual basis. NSLS objectives are located in the NSLS ESH Improvement Plan. Is there a documented frequency to review status of objectives? (other than SBMS) Observed State: The OHS Objectives are included as part of the over-all NSLS Performance Objectives which are established annually as a part of the NSLS Self-Assessment Plan. Responsibility to ensure that the OHS objectives are reviewed and re-established annually is assigned to the NSLS ESH/Q Manager, in conjunction with the NSLS EMS/OHSAS Management Committee. These objectives are tracked and monitored using the NSLS Family ATS system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are the Objectives measurable, where practicable? Yes. Are they consistent with the site level objectives, OH&S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement? Yes Observed State: The 2008 OSH Objectives address Human Performance, and Accident and Injury Prevention as does the site level objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has the organization implemented a program[s] for achieving its objectives? Yes. Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved. Yes each is captured in the NSLS ESH Improvement Plan. These objectives are tracked and monitored in the NSLS Family ATS System. Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. How are objectives made known to the employee/guests that are supposed to achieve them? Observed State: The Objectives are discussed in management, staff, and user meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: NSLS FY 2008 ESH&Q Improvement Plan NSLS OHSAS Management System Manual, LS-ESH-0041				
COMMENTS: See Above.				
FINDING: None				

Organization: NSLS	Date: 3/28/08	Auditor: L. Stiegler/M. Buckley			
Element: 4.4.4	Title: Documentation				
Audit question	Major	Minor	O/I	Meets	
1. Does the organization maintain OH&S management system documentation for the following? Record location of the document/record:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> a. Description of the <u>scope</u> of the OH&S management system for its organization ( <input type="checkbox"/> or does it fit within the SBMS scope) NSLS OHSAS Management System Manual <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/">http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> b. Description of the main elements of the OH&S management system and their interactions, and reference to related documents ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) Crosswalk between OHSAS 18001 Guidelines, Standards-Based Management System (SBMS) and NSLS Documents <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/OCHSAS_X-heck.pdf">http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/OCHSAS_X-heck.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Documents & records required by this OHSAS 18001 Standard, such as <input checked="" type="checkbox"/> Hazard List NSLS Safety Assessment Document located on the NSLS website. <a href="http://www.nsls.bnl.gov/ESH/authdocs/NSLS_SAD/appendices.htm">http://www.nsls.bnl.gov/ESH/authdocs/NSLS_SAD/appendices.htm</a> <a href="http://www.nsls.bnl.gov/ESH/authdocs/NSLS_ASE.pdf">http://www.nsls.bnl.gov/ESH/authdocs/NSLS_ASE.pdf</a> <input checked="" type="checkbox"/> Risk Assessments Job Risk Assessments (JRA) and Facility Risk Assessments (FRA) are located on the NSLS website. <a href="http://www.nsls.bnl.gov/esh/ohsas/JRA/Default.htm">http://www.nsls.bnl.gov/esh/ohsas/JRA/Default.htm</a> <a href="http://www.nsls.bnl.gov/esh/ohsas/FRA/Default.htm">http://www.nsls.bnl.gov/esh/ohsas/FRA/Default.htm</a> <input checked="" type="checkbox"/> Objectives NSLS ESH&Q Improvement Plans for current and previous fiscal year are located on the NSLS website. <a href="http://www.nsls.bnl.gov/esh/safety/FY07_ESHQ_Improv_Plan.pdf">http://www.nsls.bnl.gov/esh/safety/FY07_ESHQ_Improv_Plan.pdf</a> <a href="http://www.nsls.bnl.gov/esh/safety/FY08_ESHQ_Improv_Plan.pdf">http://www.nsls.bnl.gov/esh/safety/FY08_ESHQ_Improv_Plan.pdf</a> <input checked="" type="checkbox"/> Management Reviews Copies of Presentation material and meeting minutes are located on the NSLS website. <a href="http://www.nsls.bnl.gov/ESH/2007_esh_mgmt_review.pdf">http://www.nsls.bnl.gov/ESH/2007_esh_mgmt_review.pdf</a> <a href="http://www.nsls.bnl.gov/ESH/2007_minutes_mgmt_rev.pdf">http://www.nsls.bnl.gov/ESH/2007_minutes_mgmt_rev.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Documents & records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&S risk <input checked="" type="checkbox"/> Controlled Document Postings Operator Aids under the control of the NSLS Control Room Staff are located in the control room or are located at control panels in the immediate area of the control room. Operator aids used by NSLS Technical Groups are located at the equipment location. <input checked="" type="checkbox"/> Record Storage location (or does it use Foremost only) NSLS OHSAS records are maintained as per NSLS procedure "NSLS EMS/OHSAS Records Management" and are maintained in the NSLS Central Holding Area with the exception of a few documents. <input checked="" type="checkbox"/> Monitoring Records Personnel monitoring records are kept in Compliance Suite and other monitoring records are maintained in the Central Holding Area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: See links above					
COMMENTS: See Above.					
FINDING: None					

Organization: <b>NSLS</b>		Date: 03/24/08		Auditor: Keith Klaus	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OPI	Meets
<p>1. <b><i>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</i></b>  Observed State:  Provisions for review, updating and approval of documents are outlined in the NSLS Quality Assurance Manual in: Procedure LS-QAP-0414 Document Preparation and Control  <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4</a>  Approval of documents is covered in section 6.1.4 of the procedure see excerpts below:</p> <p><b>6.1.4 Approve Document:</b>  <b><i>Upon completion/concurrence of review, obtain approval signatures from appropriate individuals.</i></b>   Remove the "DRAFT" marking from the document.   The preparer and authorized individual(s) must provide their approval signature on a <u>NSLS Document Approval Form (LS-QAF-036)</u>.   The graded approach should be used when determining who should authorize documents. At a minimum, the person that prepared the document and responsible manager/supervisor must provide approval signatures. Section heads can determine if further signatures are required.  <b><i>If document is Safety Significant, an NSLS ESH staff member must sign the approval form under the Safety Review section.</i></b>  <i>Guidance:</i> If the controlled document only applies to workers within a group, the group supervisor and/or section head should sign-off on documents. If the controlled document applies to workers in multiple groups, section heads and/or higher level management should sign-off on documents.  <b><u>Note:</u></b>  <b><u>Signature approvals for support documents, forms, and operator aids, should reside on the copy on file. Approval of forms may be included with the form's master document/procedure.</u></b>  Periodic review is covered in section 6.3 of the procedure see excerpt below:</p> <p>6.3 <b><u>PERIODIC REVIEW OF A DOCUMENT</u></b></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p><b>6.3.1 Responsible</b> individuals or designees are responsible for periodically reviewing active controlled documents by the review frequency specified. Upon review of the document the responsible individual or designee does the following:</p> <p>a. If after reviewing the document the result is that the document is accurate as is, up-to-date, reflects current requirements/policy, and changes are not needed, do the following:</p> <p>i. <b><u>Policies, manuals, procedures, and requirements:</u></b> Complete a <u>Periodic Review Form</u> and submit to the <u>Quality Control Coordinator (QCC)</u></p> <p>ii. <b><u>EMS, and OHSAS Support Document:</u></b> For EMS/OHSAS Documents identified in Appendix B, submit an ATS closure statement for documents captured in the NSLS Assessment Tracking System (ATS).</p> <p>iii. <b><u>Forms and Operator Aids:</u></b> Review should be included with the form's master procedure/document. Standalone Forms and Operator Aids not captured in the NSLS QA Database or NSLS ATS are to be reviewed as the form is used and revised when the changes to the associated process affect the form.</p> <p><i>Note:</i> Some documents may be reviewed with the master document such as a manual or procedure and some documents will be reviewed as stand alone. Appendix B identifies those EMS/OHSAS Documents that will be reviewed with the master document.</p> <p>The Periodic Review Form will be maintained in the Central Filing System with the corresponding controlled document and can be signed off multiple times for future reviews. See the QCC if you wish to follow this method.</p> <p>b. If the result of the periodic review calls for changes, then revise the document as per <u>step 6.2</u>.</p> <p><i>Note:</i> All review signatures reside on file with the master copy.</p> <p>In addition to these requirements the Quality Control Coordinator (QCC), tracks documents which are nearing periodic review dates as required in section 6.1.5b of the procedure.</p> <p><b>6.1.5b</b> Determine the required <b>Document Review Frequency</b><sup>1</sup> (time period) and enter this value in the designated location on the form.</p> <p><sup>1</sup> Controlled documents must be periodically reviewed to verify their accuracy. The cognizant engineer, scientist, or manager shall determine the frequency of review. <b>The review frequency of controlled documents can be set to once every year or up to once every 5 years depending on the Environmental, Safety, Health, or Programmatic Impact. The greater the impact, the smaller the review period and vice versa. Emergency or safety procedures may need to be reviewed more frequently (e.g., 1 year). BNL or external drivers may already require a specific review period for a particular document. For example SBMS requires all energy control procedures to be reviewed at least annually.</b></p> <p>In addition to the procedure, the NSLS QCC will issue a reminder notice to responsible personnel 2-months prior to the periodic review due date for all documents entered into the NSLS QA database. An automatic reminder will be sent to responsible individuals for controlled documents entered into the <u>NSLS Assessment Tracking System (ATS)</u>.</p>				
<p>2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.)</p> <p>Observed State:</p> <p>Within NSLS Procedure LS-QAP-0414 Document Preparation and Control <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4</a> Changes to procedures are documented and tracked using a revision log. The requirements for completing a revision log are located in section 6.1.5a of the procedure:</p> <p><b>6.1.5a</b> Include the following information in the <b>Revision Log</b>:</p> <p>1.) Complete the Revision log by including:</p> <ul style="list-style-type: none"> <li>• subject /document title;</li> <li>• document number;</li> <li>• revision letter or number;</li> <li>• description of key changes (Example wording for first revision include "Initial Release", "First Release", or "Original Release")</li> <li>• describe "Why" a step was added or changes were made if related to Occupational, Health, and Safety or significant environmental aspect. In addition reference source events, when applicable (e.g. Step added or changed due to safety incident or Nonconformance Report # LS-NC-2005-XXXX).</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b></p> <p>Observed State:</p> <p>NSLS requires that paper copies of controlled documents be requested in section 3.4 of the procedure.</p> <p>3.4 <b><u>Controlled Document Use:</u></b> Obsolete documents shall be removed from circulation and discarded or marked as "reference only" to prevent unintended use. Paper controlled documents should be marked accordingly (e.g. Controlled, Uncontrolled, Reference, Obsolete, etc.). When controlled paper copies are needed in the field, complete a <u>Controlled Document Distribution List (QF-051)</u> form and submit to the NSLS Quality Control Coordinator (QCC). Web based documents should contain the disclaimer indicated in section 6.1.2, as applicable. Users that print web-based documents must verify that it is the most current version by checking the document effective date on the NSLS website prior to use.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Controlled document Distribution lists are completed by the person requesting a copy of a controlled document. These forms are checked monthly by the QCC to ensure that the versions in use are the current versions.					
4.	<b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: All of the documents observed were legible (typed on a word processing program and printed on laser printers); the documents also were readily identifiable based on the use of a header, document title, revision date, and document number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: NSLS refers to SBMS Subject Areas, and Management Systems Records of Decision to identify documents of external origin. NSLS also relies on the ESH&Q directorate to identify, distribute, and control documents necessary for the planning and operation of the OH&S management system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: Within NSLS Procedure LS-QAP-0414 Document Preparation and Control <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4</a> This requirement is explicitly addressed by the following requirement:  <b>3.4 Controlled Document Use:</b> Obsolete documents shall be removed from circulation and discarded or marked as "reference only" to prevent unintended use. Paper controlled documents should be marked accordingly (e.g. Controlled, Uncontrolled, Reference, Obsolete, etc.). When controlled paper copies are needed in the field, complete a <u>Controlled Document Distribution List (QF-051)</u> form and submit to the NSLS Quality Control Coordinator (QCC). Web based documents should contain the disclaimer indicated in section 6.1.2, as applicable. Users that print web-based documents must verify that it is the most current version by checking the document effective date on the NSLS website prior to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Procedure LS-QAP-0414 Document Preparation and Control, Revision G, 9/14/2007 <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-0414.htm#6.1.4</a>					
COMMENTS: Operating manuals for commercially available equipment are co-located with the equipment. Currently NSLS does not inventory these documents. The SBMS Subject Area on Internal Controlled documents requires: "Documents of external origin (e.g., operating/maintenance manuals, contractor health and safety plans, contractor procedures) that are necessary for the planning and operation of a system/process that have an Environmental, Safety and Health (ESH) impact are required to be controlled." An "Opportunity For Improvement" exists in identifying commercial manuals for safety significant processes and equipment, such as ODH equipment manuals, overhead cranes manuals, and High Sensitivity Smoke Detectors (HSSD). The manuals could be catalogued in a list documenting the owner, location and revision of the manuals, the manuals could also be stamped "Controlled Document".					
FINDING: <b>MEETS REQUIREMENT</b>					

Organization: <b>NSLS</b>		Date: 3/27/08	Auditor: M. Buckley				
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>					
Audit question		Major	Minor	OFI	Meets		
1. <i>Does the organization have program[s] to implement:</i>							
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;							
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services;							
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;							
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.							
Observed State:							
2. <i>How do organization OH&amp;S programs include the management of change?</i> Observed State: The NSLS utilizes several processes to manage change in OH&S programs. This includes the many Committees, e.g. Work Planning and Control, Interlock Working Group, ALARA, OHSAS, ESH, etc. The work planning and control process captures changes in work, the experimental review process captures changes made to experiments and experimental setup. The ESH&Q staff is routinely involved in operational meetings, system reviews, and interacts with personnel in all aspects of the organization. A checklist is used to capture any changes to JRA's and FRA's in Design reviews and beamline reviews.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. <i>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</i> Observed State: BSA Terms and conditions are used to identify OSH requirements for suppliers and contractors. This is addressed in contracts and purchase orders for work performed onsite or for items procured. Depending on the type of work a Health and Safety Plan may be required. A Contractor Orientation Form and ESH Briefing for contractors form is used to determine training requirements and communicate ESH requirements for contractors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> ➤ Work Planning And Control Procedure, LS-ESH-PRM-1.3.6 ➤ NSLS OHSAS Management System Manual, LS-ESH-0041 ➤ Contractor Orientation Form ➤ NSLS Facility-Specific Environment, Safety, and Health (ESH) Briefing for Contractors ➤ EMS, FUA, and SAD/ASE Checklist for NSLS Reviews
COMMENTS: See Above.
FINDING: None

Organization: <b>NSLS</b>	Date: 3/30/08	Auditor: L. Stiegler/M. Buckley			
Element: <b>4.5.3</b>	Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>				
Audit question	Major	Minor	OFL	Meets	
1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? ( <input type="checkbox"/> <input checked="" type="checkbox"/> rely on SBMS)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Is it effective to:</b> <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Were investigations performed in a timely manner? (Determine the timing of investigation(s))</b> Observed State: 5 injuries were reviewed, all paperwork and analyses were complete within 2 weeks after reporting of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <b>Were corrective actions or opportunities for preventative action determined?</b> Observed State: 4 out of 5 injuries had corrective/preventative actions. The 5 <sup>th</sup> was a first aid case, no corrective actions noted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <b>How were the results of incident investigation documented and maintained?</b> Observed State: All were documented on the SBMS OMC form. One had an additional NSLS General Review Form. Another one resulted in a Lessons Learned. Forms are maintained by the ESH Coordinator. Accidents and Injury corrective actions have been entered into the NSLS Family ATS System since 2007.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <b>Were risk assessments conducted or revised as a result of incidents/events?</b> Observed State: JRAs were reviewed in 3 out of the 5 injuries. No changes were needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. <b>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</b> Observed State: Changes in equipment were documented in 2 of the reports. Safety update concerning injuries was communicated to all employees via the electronic newsletter dated October 1, 2007.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> Lessons Learned 2007-CH-BNL-NSLS-0001, OMC Line Organization Accident/Incident Investigation Reports dated 6/7/07, 7/2/07, 8/27/07, 11/14/07, 12/5/07, NSLS General Review Form 000544. SBMS Investigation of Incidents, Accidents and Injuries. Safety Update: <a href="http://www.nsls.bnl.gov/newsroom/updates/2007/10-safety_update.htm">http://www.nsls.bnl.gov/newsroom/updates/2007/10-safety_update.htm</a>					
COMMENTS: Accidents and Injuries are thoroughly investigated and analyzed on a graded approach. Corrective actions were identified, implemented, and documented on the SBMS forms.					
FINDING: <b>None</b>					

Organization: <b>NSLS</b>	Date: 03/26/08	Auditor: Keith Klaus			
Element: <b>4.5.4</b>	Title: <b>Control of Records</b>				
Audit question	Major	Minor	OFL	Meets	
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: The NSLS has a procedure: LS-QAP-1003, NSLS EMS/OHSAS Records Management <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf</a> The procedure references the BNL SBMS Subject Area on Records Management, and also provides guidance on identifying EMS/OHSAS records, submitting records to the NSLS QCC, filing records so that they are readily retrievable, maintaining records and records inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: NSLS has a procedure for identifying OHSAS records which ensures legibility, identification and traceability. Many but not all EMS and OHSAS records are also scanned, and stored in the NSLS QA database as an additional measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

of security.																					
<p>3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</p> <p>Observed State: Records are stored in accordance with the procedure. Requirements of the procedure include:</p> <table border="1"> <tr> <td>6.2</td> <td> <p>Determine the following: For EMS/OHSAS records that are not held in NSLS central holding area (Master File Room), maintain and inventory records as per Records Management subject area. Guidance may be obtained from the NSLS Records Representative. No further action is required from this procedure. For EMS/OHSAS records that are maintained in the NSLS central holding area and are listed on the records submission form or in Appendix A, continue to step 6.3.</p> </td> </tr> <tr> <td>6.3</td> <td>Submit Record(s) to the QCC:</td> </tr> </table> <p>EMS/OHSAS records are submitted to NSLS Central Holding Area in two ways.</p> <p>1. For records that do not require the use of the records submission form, simply submit the record to the NSLS QCC and the record will be captured in the appropriate system - Refer to Appendix A for further guidance</p> <p>For records that do require the use of the records submission form, do the following: Submit the original or copy of the paper or electronic record to the QCC using the EMS/OHSAS Records Submission form: Select the Record generator; Enter the Record date; Enter the Number of pages; Select a Series title - Refer to EMS/OHSAS Records Submission form for listing; Select a brief description of the record from the pull down menu (choose a description that best fits) and/or provide a further description in the "Other" field.</p> <p>Steps 6.4 through 6.7 apply to the QCC and QM.</p> <table border="1"> <tr> <td>6.4</td> <td> <p>Filing Records Records submitted to the QCC that do not require the records submission form will be filed in their normal manner. EMS/OHSAS Records submitted via the records submission form to the QCC will be maintained as follows:</p> </td> </tr> <tr> <td>6.4.1</td> <td>Each hanging file folder will contain a Series title.</td> </tr> <tr> <td>6.4.2</td> <td>Hanging file folders should be filed in alphabetical order according to the Series Titles listed on the EMS/OHSAS Records Submission Form.</td> </tr> <tr> <td>6.4.3</td> <td>Interior folders/files will be filed in chronological order.</td> </tr> <tr> <td>6.5</td> <td>Enter EMS/OHSAS record information and electronic files from 6.3 (step 2) into the NSLS EMS/OHSAS records database. Paper records need to be scanned and entered into the database. Follow the guidance document provided in the Records database.</td> </tr> <tr> <td>6.6</td> <td> <p>Records Maintenance: Review EMS/OHSAS Records Inventory annually; Submit new or updated records inventory form to the NSLS Records Representative as necessary; Destroy records as needed.</p> </td> </tr> </table>		6.2	<p>Determine the following: For EMS/OHSAS records that are not held in NSLS central holding area (Master File Room), maintain and inventory records as per Records Management subject area. Guidance may be obtained from the NSLS Records Representative. No further action is required from this procedure. For EMS/OHSAS records that are maintained in the NSLS central holding area and are listed on the records submission form or in Appendix A, continue to step 6.3.</p>	6.3	Submit Record(s) to the QCC:	6.4	<p>Filing Records Records submitted to the QCC that do not require the records submission form will be filed in their normal manner. EMS/OHSAS Records submitted via the records submission form to the QCC will be maintained as follows:</p>	6.4.1	Each hanging file folder will contain a Series title.	6.4.2	Hanging file folders should be filed in alphabetical order according to the Series Titles listed on the EMS/OHSAS Records Submission Form.	6.4.3	Interior folders/files will be filed in chronological order.	6.5	Enter EMS/OHSAS record information and electronic files from 6.3 (step 2) into the NSLS EMS/OHSAS records database. Paper records need to be scanned and entered into the database. Follow the guidance document provided in the Records database.	6.6	<p>Records Maintenance: Review EMS/OHSAS Records Inventory annually; Submit new or updated records inventory form to the NSLS Records Representative as necessary; Destroy records as needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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6.6	<p>Records Maintenance: Review EMS/OHSAS Records Inventory annually; Submit new or updated records inventory form to the NSLS Records Representative as necessary; Destroy records as needed.</p>																				
<p>Location: Records Storage Area, OSH record 212, owner Andrew Ackerman, generator Mike Buckley. Quality Assurance and Conduct of Operations Assessment of 2006 NSLS Evacuation Drill, 02/14/07. The record was located in the Master file room in the proper location, was easily retrievable, protected against damage and loss (locked room, and locked file cabinet) and was digitally archived in the NSLS QA database.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<p>Location: Engineering Master File room, 2-152, historical ODH calibration records on file, record inspected 09/29/05 O2 Monitor Quarterly Preventative maintenance Calibration Schedule for Me-049, X-5, room 1-169. The record was located in the file room in the proper location, was easily retrievable, protected against damage and loss (locked room, and locked file cabinet). Note, Current calibration records (2 years) are maintained in Design Room, 2-156, in binder maintained by QCC. Calibration records and tracking is conducted via Calibration Control database maintained by QCC.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<p>Location: Control Room, owner Randy Church, Authorization for work on NSLS Safety System, #1269, was easily located in the control room in the NSLS Accelerator Safety System Binder. The records are protected against loss by virtue of being located in a continuously staffed secure location.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<p>Location: Room 2-169, owner Al Boerner, Work permits on file in secure room protected against loss by virtue of being located in a continuously staffed secure location. Record reviewed was Work Permit # 290, 07/18/05.</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <ol style="list-style-type: none"> <li>LS-QAP-1003, NSLS EMS/OHSAS Records Management, <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf">http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf</a></li> <li>Appendix A EMS/OHSAS Records Guide <a href="http://www.nsls.bnl.gov/esh/qa/documents/NSLS_EMS-OHSAS_Records.pdf">http://www.nsls.bnl.gov/esh/qa/documents/NSLS_EMS-OHSAS_Records.pdf</a></li> <li>OSH record 212- Quality Assurance and Conduct of Operations Assessment of 2006 NSLS Evacuation Drill, 02/14/07.</li> <li>Historical ODH calibration record-09/29/05 O2 Monitor Quarterly Preventative maintenance Calibration Schedule for Me-049, X-5, room 1-169</li> <li>Authorization for work on NSLS Safety System, #1269</li> <li>Work Permit # 290, 07/18/05</li> </ol>																					

COMMENTS:

Opportunities For Improvement

1. LS-QAP-1003, NSLS EMS/OHSAS Records Management, Rev I, 02/05/08, <http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf> refers to section 6.7, the document ends at 6.6.
2. Consider scanning and digitally archiving all EMS/OHSAS records, for example ODH calibration records.
3. Update "Appendix A EMS/OHSAS Records Guide"
  - i) 90 day accumulation area checklists are archived in Master file room and in the NSLS QA database, the reference to room 1-178 should be deleted, and the owner changed from J. Aloï to K. Klaus. The "topic" field in the database indicates these records are "Environmental Program Support Documents"; this should be consistent with Appendix A.
  - ii) Radioactive Waste accumulation area checklists are archived in Master file room and in the NSLS QA database, the reference to room. These forms are omitted from the Appendix A records guide, they should be included in "Environmental Program Support Documents".
  - iii) The entry for Tier 1 Facility Safety Inspections should be updated on the Appendix A Records Guide. The record is the NSLS tier 1 database located on the NSLSNT1 server, the reference to room 1-177 should be deleted, and the responsible person should be changed from B. Chmiel to K. Klaus. The records system entry should be evaluated to determine if the BNL Records Management System is appropriate for a digital file.

FINDING: **MEETS REQUIREMENT**

## Attachment 5 NSLS II

Organization: <b>NSLS-II</b>	Date: 31Mar2008	Auditor: N. Gmür			
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question	Major	Minor	OFI	Meets	
<p>1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>  X  </u> No <u>      </u> Yes.</p> <p>Observed State: NSLS-II is primarily in the design phase, thus most work is conducted in offices and design rooms. A limited amount of hands-on R&amp;D work is taking place in Bldgs 902 and 905. NSLS-II utilizes two formats for risk analysis and control. 1) The first is to "build" a Project Safety Review Form (PSRF) around each R&amp;D project. Some 5 are currently in use with more to come. The PSRF, written with worker participation, is based largely on the ESR template in the SBMS Work Planning &amp; Control Subject Area and identifies the scope of work, the equipment used, the hazards, their controls and the training required. These forms are good for 1 year at which time they must be renewed. The PSRFs are located in binders at each R&amp;D site.</p> <p>A set of risk assessments has been developed for the anticipated NSLS-II facility. The Preliminary Hazard Analysis was produced for DOE Critical Decision-1 and the Final Hazard Analysis was produced for DOE Critical Decision-2. A Preliminary Safety Assessment Document is in development for DOE Critical Decision-3.</p> <p>NSLS-II relies on the JRAs that were originally established for NSLS and which are now gradually being moved to Directorate status. Copies of relevant JRAs are added to PSRF binders.</p> <p>In addition to the above, radiological (Bulk Shielding Requirements for Final Design – 19Feb2008; Final Design Parameters and Beam Loss Assumptions – 31Jan2008) risk assessments and fire safety (NSLS-II Fire Protection Strategy – 29Feb2008) risk assessments have been developed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>2. <b>Are the line organization's Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b></p> <p>Observed State: 1) PSRFs are updated 1 year after their inception. The first updates will occur in ~Aug. 2008. 2) JRAs are reviewed and updated, if needed, on a triennial basis. 3) A series of risk assessments of NSLS-II design (PHA, FHA and PSAD to date) are developed and documented as the design advances.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b></p> <p>Observed State: 1) Changes to PSRFs during the course of a year, if minor, are added in memo addendum form to the PSRF binder. A recent example is a memo added to the Vibrating Wire PSRF. Any relevant information would be added to the PSRF itself at the time of the 1 year renewal. 2) JRAs are updated as changes are made in the BNL requirements and as a result of events occurring that may impact the contents of the JRAs. A recent example is the Cryogenic Work (General Cryogenics) JRA.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b></p> <p>Observed State: All four elements of the hierarchy are considered in the development of the PSRFs and the operation of the R&amp;D projects.</p> <ul style="list-style-type: none"> <li>▪ Document reviewed: In the case of the RF R&amp;D project, a flux remover aerosol had been selected by the workers. The NSLS-II ESH Coordinator examined the contents and found that tetrachloroethylene was a component. This was determined to be a carcinogen based on the list available in the BNL CMS web site. The engineering solutions of using such an aerosol were examined (ventilation of work area, air sampling of breathing areas), and it was determined that return of the aerosol to the vendor and substitution of a non-hazardous aerosol was the best solution.</li> <li>▪ Document reviewed:</li> <li>▪ Document reviewed:</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>5. <b>Are operational controls in place and working as specified?</b></p> <p>Observed State: Controls are stated in the PSRF and may include signs, barricades, PPE, training and others. Procedures may also be developed. The NSLS-II ESH Coordinator does periodic walk-arounds to assure that the controls are in place and to enhance communication with the workers to assure that upcoming issues are properly handled. Example would be the development of a procedure and work sheet for air caster tests in the girder R&amp;D project.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b></p> <p>Observed State: The PSRFs state, "This applies to the workers listed in this PSRF as well as any visitors, guests, contractors or vendors, depending on their level of involvement with the R&amp;D project work." Contractors/vendors who may come to the R&amp;D site are under the supervision of their host and may fall under the requirements of the "Contractors Orientation Form for NSLS and NSLS-II" if work is conducted and hazards may be encountered. The NSLS-II Training Coordinator participates in contractor/vendor oversight.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <p>Project Safety Review Forms (Vibrating Wire, RF, Girder), Job Risk Assessments, Preliminary Hazard Analysis, Final Hazard Analysis, Preliminary Safety Assessment Document, Bulk Shielding Requirements for Final Design – 19Feb2008; Final Design Parameters and Beam Loss Assumptions – 31Jan2008, NSLS-II Fire Protection Strategy – 29Feb2008</p>					
<p>COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Lewis Doom, Hengjie Ma, Chris Weilandics</p>					
<p>FINDING: See above</p>					

Organization: <b>NSLS-II</b>		Date: 31Mar2008		Auditor: N. Gmür	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OPI	Meets
1. <b>Are organization level Objectives established and at what frequency? Is there a documented frequency to review status of objectives? (other than SBMS)</b> Observed State: NSLS-II is not a Department or a Division; it is a Project and will not go into full operation until ~2014. Prior to that will be considerable design effort and limited R&D work (current status). Construction will start in 2009; occupancy begins in 2010-2011; commissioning in 2012. The Project currently has an "NSLS-II ESH Policy" which includes OSH objectives. This is given to new staff during their ESH orientation. The project also has an "ESH Plan for the NSLS-II" that provides more detailed information about ISM as well as ESH program elements including safety assessments and NEPA compliance. The review frequency for these two documents is 3 years. NSLS-II ESH Group Work Plan, which includes objectives, is established on an annual basis.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</b> Observed State: The NSLS-II ESH Group Work Plan is geared to the analysis required for a project in the design phase.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</b> Observed State: The ESH targets for the year are listed in the fiscal year work plan. These targets are tracked and reported monthly.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. <b>How are objectives made known to the employee/guests that are supposed to achieve them?</b> Observed State: Through initial ESH orientations, supervisors, R2A2s, Performance Appraisal goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: NSLS-II ESH Policy, NSLS-II ESH Group Work Plan					
COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Chris Weilandics					
FINDING: See above					

Organization: <b>NSLS-II</b>		Date: 31Mar2008		Auditor: N. Gmür	
Element: <b>4.4.4</b>		Title: <b>Documentation</b>			
Audit question		Major	Minor	OPI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following? Record location of the document/record:</b> Currently, NSLS-II subscribes to the OHSAS Manual in use by NSLS. The signed hardcopy is on file with the NSLS document control group. A copy of the manual is available on the web: <a href="http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/">http://www.nsls.bnl.gov/newsroom/publications/manuals/ohsas/</a> 2. As soon as it is signed by the Light Sources ALD, a combined NSLS/NSLS-II EMS/OHSAS manual will be the active document.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> a. <b>Description of the scope of the OH&amp;S management system for its organization</b> ( <input type="checkbox"/> or does it fit within the SBMS scope) Fits within SBMS scope.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) Fits within SBMS Subject Area requirements. Details are provided in the manuals described in nos. 1 and 2 above.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input type="checkbox"/> <b>Hazard List</b> In general, these are described in the JRAs; specifically for NSLS-II, these are described in the various R&D project PSRFs. Construction hazards and controls are described in the ESH Construction Safety Plan. Operational hazards and controls are described in the Preliminary and the Final Hazard Analysis, and will be in the Preliminary Safety Assessment Document currently under development. <input type="checkbox"/> <b>Risk Assessments</b> Same as above. <input type="checkbox"/> <b>Objectives</b> General ESH objectives and targets are established by the NSLS-II ESH Manager for the NSLS-II Project. See section 4.3.3 for more details. <input type="checkbox"/> <b>Management Reviews</b> On an annual basis, the entire NSLS-II Project undergoes a DOE Critical Decision Lehman review as well as a DOE External Independent Review. Both of these have segments that review the ESH status of the project in great detail. In CY2008, NSLS-II plans to conduct an EMS/OHSAS Management Review.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p><b>d. Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b></p> <p><input type="checkbox"/> <b>Controlled Document Postings</b> Documents posted by NSLS-II ESH staff are dated and have the generator's name on them.</p> <p><input type="checkbox"/> <b>Record Storage location</b> (or does it use Foremost only) At this time, records are maintained in the NSLS/NSLS-II EMS/OHSAS records management system maintained by the NSLS QA Mgr. A records management program is under development at NSLS-II.</p> <p><input type="checkbox"/> <b>Monitoring Records</b> Monitoring of NSLS-II Project work is conducted by BNL Safety and Health Services staff members (IH, ERC, etc.). Records of these monitoring surveys are entered into the SHSD compliance suite database.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: NSLS OHSAS manual, NSLS/NSLS-II EMS/OHSAS manual				
COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Patrice Greenwood, Chris Weilandics				
FINDING: See above				

Organization: <b>NSLS-II</b>		Date: 31Mar2008		Auditor: N. Gmür			
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>					
Audit question		Major	Minor	OFL	Meets		
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: Yes. NSLS-II's system is currently based on and uses the NSLS system. NSLS-II is currently developing its own system (not yet in place).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.)</b> Observed State: This aspect of document control is currently being developed. Since most documents are in early stages of development, provisions for identifying revision status are just now being implemented.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: PSRFs are maintained in binders at each R&D site. Relevant ESH documents are currently being assembled as part of a SharePoint system in order to provide improved accessibility to NSLS-II workers.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: Documents are typically created using Word, Excel and PowerPoint formats for legibility. The documents may be maintained within binders, clear plastic folders, bulletin boards or file cabinets; they may be laminated in cases where they could be exposed to weather or other environments. Documents have headers or title pages that identify them.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. <b>Are OH&amp;S documents of external origin identified and their distribution controlled?</b> Observed State: R&D Project Coordinators are to maintain instruction manuals that accompany purchases of new equipment at the location of the R&D work. These manuals are not controlled in a formal sense.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (i.e. Stamped "obsolete" or other suitable wording)?</b> Observed State: NSLS-II OHSAS documents have not yet reached this status. Current plans are to assign an NSLS-II file cabinet for the storage of obsolete documents.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
PROCEDURES AND DOCUMENTATION REVIEWED: Project Safety Review Forms							
COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Patrice Greenwood, Hengjie Ma, Chris Weilandics							
FINDING: See above							

Organization: <b>NSLS-II</b>		Date: 31Mar2008		Auditor: N. Gmür			
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>					
Audit question		Major	Minor	OFL	Meets		
1. <b>Does the organization have program[s] to implement:</b> It is important to repeat here that NSLS-II is currently in a Project status, not an Operational status. The great bulk of the work is conducted in offices to support the design phase of the Project; the two major components consist of design of the conventional facilities and of the accelerator. A limited amount of hands-on R&D work is being conducted at this time covered by Project Safety Review Forms. In addition to the PSRFs for the R&D work, NSLS-II has also developed Preliminary Hazard Analysis and Final Hazard Analysis documents. These provide details for the projected hazards and controls for the conventional facility construction, and for the accelerator and experimental programs. Later this year, these documents will be used to develop the Preliminary Safety Assessment Document.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/> <b>a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&amp;S management system;</b> Any operational controls are included in the requirements set out in the R&D work Project Safety Review Forms (PSRF).							

<input type="checkbox"/> <b>b.) controls related to purchased goods, equipment and services;</b> These controls are called out in the BNL People Soft web-based Purchase Requisition system and through the procurement group assigned to NSLS-II. In addition, guidance is available in the Procurement Operations Manual and the SBMS Acquisition Management System.				
<input type="checkbox"/> <b>c.) controls related to contractors and other visitors to the workplace;</b> Again, these are called out in the above-mentioned Purchase Requisition system. They are also called out in the Contractor Orientation Form for NSLS and NSLS-II.				
<input type="checkbox"/> <b>d.) procedures to cover situations where the absence could lead to deviations from the OH&amp;S policy and the objectives;</b> Procedures, if needed, are added to the PSRFs at the discretion of the R&D Project coordinators.				
<input type="checkbox"/> <b>e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.</b> Observed State: These may be included in the above-mentioned procedures. Note that the NSLS-II accelerator does not yet exist; therefore, an Accelerator Safety Envelope is not yet required.				
<b>2. How do organization OH&amp;S programs include the management of change?</b> Observed State: Change control at this time is managed as part of the design phase of the project. Changes to PSRFs are managed by the creating addenda and adding these to the PSRF binders. When the one year life cycle of a PSRF is over, addenda may be added to the body of the revised PSRF. NSLS-II specific change control processes are under development at NSLS-II.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: These requirements are set out in a number of ways. Incoming contractors/vendors follow the requirements in the Contractor Orientation Form for NSLS and NSLS-II. A Construction Safety Plan is being developed for the conventional facility construction. BNL and NSLS-II terms and conditions are applied to the Statements of Work and Requests for Proposal for purchases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> Contractor Orientation Form for NSLS and NSLS-II, BNL People Soft web-based Purchase Requisition system, Procurement Operations Manual and the SBMS Acquisition Management System				
<b>COMMENTS:</b> Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, David Dale, Davis Paveglio, Chris Weilandics				
<b>FINDING:</b> See above				

Organization: NSLS-II		Date:31Mar2008		Auditor: N. Gmür	
Element: 4.5.3		Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question		Major	Minor	O/I	Meets
1. Does the organization use their own procedure(s) to record, investigate and analyze incidents? (_____ rely on SBMS)? NSLS-II relies on guidance provided in SBMS as well as additional guidance provided in its own PRM 1.1.1, “Injury and Incident/Accident Investigations and Critiques.” To date, NSLS-II staff has not incurred any injuries or accidents.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to: <input type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; Yes, as stated in the investigation report. <input type="checkbox"/> b.) identify the need for corrective actions; Yes, as stated in the investigation report. <input type="checkbox"/> c.) identify opportunities for preventative action; Yes, as stated in the investigation report. <input type="checkbox"/> d.) identify opportunities for continual improvement; Determining lessons learned are part of the investigation reporting process. These may be further disseminated to the Light Sources Directorate (ESH Highlights) or further to the BNL/DOE Lessons Learned program. A through d above were confirmed in the Nov. 11, 2005 cryogenic injury report form concerning an NSLS user from Columbia University. <input type="checkbox"/> e.) communicate the results of such investigations. Yes, as emails to staff, NSLS ESH Highlights, BNL Lessons Learned, User Meeting presentations and others.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were investigations performed in a timely manner? (Determine the timing of investigation[s]) Observed State: Yes, see above investigation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined? Observed State: Yes, see above investigation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained? Observed State: Accidents and injuries are recorded on the BNL “Line Organization Accident/Incident Investigation Report” and sent to the SHSD Safety Engineering Group for submission to CAIRS. Internal reviews are recorded on the NSLS “General Review Form”.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events? Observed State: JRAs are examined as a result of an event and enhanced, if needed (as per the SBMS OHSAS 18001 Program Subject Area. The JRA Rev Log will record this. See JRA 0010 (Cryogens) revision 2 description.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions? Observed State: PRMs may be enhanced as the result of an event. The PRM Rev Log will record this. See PRM 1.5.0 (Cryogens) revision 4 description.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: PRM 1.5.0 Cryogen Liquids: Storage, Usage and Handling; JRA 0010 General Cryogenic Work; Cryogenic Injury Investigation – Nov. 11, 2005.					



COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Chris Weilandics
FINDING: See above

Organization: NSLS-II		Date: 31 Mar 2008		Auditor: N. Gmür			
Element: <b>4.5.4</b>		Title: <b>Control of Records</b>					
Audit question		Major	Minor	OPI	Meets		
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: A limited number of documents are managed through the NSLS QA manual "NSLS EMS/OHSAS Records Management" procedure. This program is still under development at NSLS-II.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Yes, yes and under development for NSLS-II.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: This is under development for NSLS-II. Hard copies of the following were located:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Location: NSLS-II Preliminary Hazard Analysis – Room 2-146/Bldg 725C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Location: NSLS-II Final Hazard Analysis – Room 2-146/Bldg 725C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Location: NSLS-II OHSAS communications – Room 2-146/Bldg 725C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Location: NSLS-II Fire Protection Design Strategy – signed original with DOE/BHSO; pdf on NSLS-II intranet ESH SharePoint.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PROCEDURES AND DOCUMENTATION REVIEWED: See above.							
COMMENTS: Personnel contributing to internal audit: W. Robert Casey, Nicholas Gmür, Patrice Greenwood, Charlotte Nielson, Chris Weilandics							
FINDING: See above							

## Attachment 5 Physics Department

Organization: Physics Department (PO)		Date: 4/1/08		Auditor: R. Gill	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</i> ___ No ___X_ Yes Observed State: Physics includes risk assessment as part of experiment safety reviews.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i> Observed State: All risk assessments are current and have been updated as needed. Risk assessments are included as part of each Experiment Safety Review.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i> Observed State: None.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i> Observed State: <ul style="list-style-type: none"> <li>▪ Document reviewed: ESRformV6.3.doc explicitly specifies the hierarchy of controls in the "Develop and Implement Controls and Assess Risk" section of the Experiment Safety Review form.</li> <li>▪ Document reviewed: PO2008-132 (PO2007-132) uses proper administrative controls (warning sign), where PPE is not required.</li> <li>▪ Document reviewed: PO2007_207 uses a procedure as an administrative control, rather than relying on PPE alone.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are operational controls in place and working as specified?</i> Observed State: Yes, verified through Tier 1 inspections that specifically target controls.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i> Observed State: In general, Physics does not interact with contractors, other than vendors who may service devices, such as photocopy machines. Work Permits are used to review these tasks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

Organization: Physics Department (PO)		Date: 4/1/08		Auditor: R. Gill	
Element: <b>4.3.3</b>		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <i>Are organization level Objectives established and at what frequency? Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: Objectives are established annually. Outlook tasks are used as a monthly reminder and for tracking of objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: Objectives are always measurable. The objectives are relevant to the operations, needs, and improvement of the Physics Department.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State: Annual targets, expected completion dates, and implementation details are assigned to individuals when they are documented. The web site has the current document.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: Objectives are discussed with individuals before they are established as goals and agreement is reached on the goals value and achievability. An ESH Coordinator is usually assigned co-responsibility for the goal.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

Organization: Physics Department (PO)	Date: 4/1/08	Auditor: R. Gill			
Element: <b>4.4.4</b>	Title: <b>Documentation</b>				
Audit question	Major	Minor	OFI	Meets	
1. <i>Does the organization maintain OH&amp;S management system documentation for the following? Record location of the document/record:</i> ESSH Office (1-43) has signed originals. Documents are available on-line to use as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> a. <i>Description of the <u>scope</u> of the OH&amp;S management system for its organization (<input type="checkbox"/> or does it fit within the SBMS scope)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> b. <i>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents (<input type="checkbox"/> or does it fit with the SBMS Subject Area)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. <i>Documents &amp; records required by this OHSAS 18001 Standard, such as</i> <input checked="" type="checkbox"/> Hazard List <input checked="" type="checkbox"/> Risk Assessments <input checked="" type="checkbox"/> Objectives <input checked="" type="checkbox"/> Management Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. <i>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</i> <input checked="" type="checkbox"/> Controlled Document Postings <input checked="" type="checkbox"/> Record Storage location (or does it use Foremost only) <input type="checkbox"/> Monitoring Records (N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS: The Physics Department has not identified any required monitoring.					
FINDING:					

Organization: Physics Department (PO)	Date: 4/1/08	Auditor: R. Gill			
Element: <b>4.4.5</b>	Title: <b>Control of Documents</b>				
Audit question	Major	Minor	OFI	Meets	
1. <i>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</i> Observed State: Signed copies are maintained in safety office records. An Outlook task is used to remind responsible persons when updates are due.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <i>Does the organization ensure that changes and the current revisions status of documents are identified?</i> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: Change log is part of document, and old versions are kept in an "obsolete" folder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <i>Does the organization ensure that relevant versions of applicable documents are available at points of use?</i> Observed State: System manager ensures that the current version is on the web page. Web documents include warning to check for current version. In reality, the controlled documents are not useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <i>How does the organization ensure that documents remain legible and readily identifiable?</i> Observed State: Primary source is the web page. Each document has a title and identification number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <i>Are OH&amp;S documents external origin identified and their distribution controlled?</i> Observed State: Presently, there are none.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. <i>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</i> Observed State: Only current documents are on the web page. Obsolete paper (signed) versions are kept in a separate folder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

Organization: Physics Department (PO)	Date: 4/1/08	Auditor: R. Gill			
Element: <b>4.4.6</b>	Title: <b>Operational Control</b>				
Audit question	Major	Minor	OFI	Meets	
1. <i>Does the organization have program[s] to implement:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/> a) <i>operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&amp;S management system;</i>					
<input checked="" type="checkbox"/> b.) <i>controls related to purchased goods, equipment and services;</i>					
<input checked="" type="checkbox"/> c.) <i>controls related to contractors and other visitors to the workplace;</i>					
<input type="checkbox"/> d.) <i>procedures to cover situations where the absence could lead to deviations from the OH&amp;S policy and the objectives;</i>					

<input type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.				
Observed State: a) N/A. b) ESH Coordinator approves purchases of purchases as required. c) Work permits are issued for contractors, and visitors are included in ESRs. d) N/A. e) N/A.				
2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: ESH Coordinators subscribe to SBMS change services, participate in SBMS Subject Area development teams, and attend SBMS training sessions. Changes to systems and or documents are discussed with senior management, implemented as needed and discussed with worker committee (Group Safety Coordinators).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING:				

Organization: Physics Department (PO)		Date 4/1/08		Auditor: R. Gill	
Element: 4.5.3		Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question		Major	Minor	OFI	Meets
1. Does the organization use their own procedure(s) for record, investigate and analyze incidents? ( <u>X</u> rely on SBMS)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to: <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were investigations performed in a timely manner? (Determine the timing of investigation(s)) Observed State: N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined? Observed State: N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained? Observed State: N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events? Observed State: N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions? Observed State: N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

Organization: Physics Department (PO)		Date: 4/1/08		Auditor: R. Gill	
Element: 4.5.4		Title: Control of Records			
Audit question		Major	Minor	OFI	Meets
1. Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records? Observed State: No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Are organization's OSH records legible, identifiable and traceable? Observed State: Yes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners) Observed State: Records are maintained properly in labeled folders, and were easily retrieved for inspection.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Building 510, room 1-135, 90-Day Area inspection checklist.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Building 510, room 2-212, Experiment Safety Review records.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Building 510, room 1-41, ESSH and Group Safety Coordinator meeting minutes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING:					

## Attachment 5

### Instrumentation Division

Organization: <b>Instrumentation</b>	Date: 03/27/08	Auditor: M. Rankine			
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question		Major	Minor	OFl	Meets
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</i> <u>  X  </u> No <u>      </u> Yes. Observed State:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i> Observed State: Yes, two new ones are being added, bus travel and radioactive sealed sources.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i> Observed State: No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</i> Observed State: <ul style="list-style-type: none"><li>Document reviewed: ASR # 7: Semiconductor Detector Processing</li><li>Document reviewed: ASR #11: Machine Shop</li><li>Document reviewed: ASR # 13: 90-Day Accumulation Area</li></ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>Are operational controls in place and working as specified?</i> Observed State: Controls are in place and working as specified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</i> Observed State: Work orders provided by Building Manager. Work permits, and guest training are provided to contractors/interested parties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Work Permit					
COMMENTS: 1/3 of Risk Assessments could be reviewed each year instead of all being reviewed every 3 years.					
FINDING: NONE					

Organization: <b>Instrumentation</b>	Date: 03/27/08	Auditor: M. Rankine			
Element: <b>4.3.3</b>	Title: <b>Objectives and program(s)</b>				
Audit question		Major	Minor	OFl	Meets
1. <i>Are organization level Objectives established and at what frequency?</i> Yes, annually <i>Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: Yes, TRACS is formally reviewed semi-annually and is continuously reviewed informally		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <i>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</i> Observed State: Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</i> Observed State: Yes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>How are objectives made known to the employee/guests that are supposed to achieve them?</i> Observed State: The FY2008 OSH Management Program and Plan was sent out in an e-mail and is also posted on the Instrumentation web site.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: FY2008 OSH Management Program and Plans					
COMMENTS:					
FINDING: NONE					

Organization: <b>Instrumentation</b>	Date: 3/27/08	Auditor: M. Rankine			
Element: <b>4.4.4</b>	Title: <b>Documentation</b>				

Audit question	Major	Minor	OFI	Meets
1. Does the organization maintain OH&S management system documentation for the following? Record location of the document/record: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> a. Description of the <u>scope</u> of the OH&S management system for its organization ( <input type="checkbox"/> or does it fit within the SBMS scope) Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> b. Description of the main elements of the OH&S management system and their interactions, and reference to related documents ( <input type="checkbox"/> or does it fit with the SBMS Subject Area) Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Documents & records required by this OHSAS 18001 Standard, such as <input checked="" type="checkbox"/> Hazard List (Yes, ASRs and RAs) <input checked="" type="checkbox"/> Risk Assessments (JRS, FRA, ARA) <input checked="" type="checkbox"/> Objectives (FY OSH Plan) <input checked="" type="checkbox"/> Management Reviews (FY07 is on the web)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Documents & records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&S risk <input type="checkbox"/> Controlled Document Postings <input type="checkbox"/> Record Storage location (or does it use Foremost only) <input type="checkbox"/> Monitoring Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS: Sampling and monitoring results are not always sent out to every employee who is at risk to make sure precautions are taken as a result of the monitoring results.				

Organization: Instrumentation		Date: 3/27/08	Auditor: M. Rankine	
Element: 4.4.5		Title: Control of Documents		
Audit question	Major	Minor	OFI	Meets
1. Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document? Yes Observed State: OSH type documents receive signature approval before being posted and revision logs are kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.) Yes Observed State: OSH type documents receive signature approval before being posted and revision logs are kept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the organization ensure that relevant versions of applicable documents are available at points of use? Yes Observed State: The current version of OSH type documents is available on the Instrumentation web site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. How does the organization ensure that documents remain legible and readily identifiable? Observed State: The most up to date revisions are kept on the web. Each version has a revision log or effective date on the document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are OH&S documents external origin identified and their distribution controlled? Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
6. How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)? Observed State: Out of date documents are stamped "legacy" or "obsolete"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED:				
COMMENTS:				
FINDING: NONE				

Organization: Instrumentation		Date: 3/27/08	Auditor: M. Rankine	
Element: 4.4.6		Title: Operational Control		
Audit question	Major	Minor	OFI	Meets
1. Does the organization have program[s] to implement:				
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;				
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services;				
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;				
<input checked="" type="checkbox"/> e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.				
Observed State:				

2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: This is addressed in section 3.0 Program Operation of the ASR Program. The SME evaluates each change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: Yes, communicated through the training form and the contractor/vendor training.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Screening Guidelines for Work Permit Determination Checklist for Work Permit and Purchase Requisitions				
COMMENTS: There is no documentation provided to prove that vendor has taken unique training that is not tracked on the web.				
FINDING: NONE				

Organization: <b>Instrumentation</b>	Date: 3/27/08	Auditor: M. Rankine			
Element: <b>4.5.3</b>	Title: <b>Incident investigations, Nonconformity, Corrective and Preventive Action</b>				
Audit question	Major	Minor	OPI	Meets	
1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? (___X___ rely on SBMS)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Is it effective to:</b> <input checked="" type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input checked="" type="checkbox"/> b.) identify the need for corrective actions; <input checked="" type="checkbox"/> c.) identify opportunities for preventative action; <input checked="" type="checkbox"/> d.) identify opportunities for continual improvement; <input checked="" type="checkbox"/> e.) communicate the results of such investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Were investigations performed in a timely manner? (Determine the timing of investigation[s])</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <b>Were corrective actions or opportunities for preventative action determined?</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. <b>How were the results of incident investigation documented and maintained?</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. <b>Were risk assessments conducted or revised as a result of incidents/events?</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. <b>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</b> Observed State: N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS: Ensure that Objective 2, Target one of Accident/Illness Prevention of FY08 OSH Plan is successfully completed.					
FINDING: NONE					

Organization: <b>Instrumentation</b>	Date: 3/27/08	Auditor: M. Rankine			
Element: <b>4.5.4</b>	Title: <b>Control of Records</b>				
Audit question	Major	Minor	OPI	Meets	
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: Yes, records were well maintained, legible, and identifiable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: Division's Record Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: Online Site <http://intranet.bnl.gov/inst/ims>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: Archival Data Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS:					
FINDING: NONE					

## Attachment 5

### Support Organizations Reporting to the Director's Office

Organization: SORD- Quality Management Office (QMO)		Date: 3/17/08		Auditor: S. Stein	
Element: <b>4.3.1</b>		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>    No    </u> <u>    Yes    </u> Observed State: The QMO follows the Subject Area: OHSAS 18001 Program to perform Facility, Area, and Job Risk Assessments.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: The QMO Facility, Area, and Job Risk Assessments are current (done in May 2007) and covers the full scope of operations; routine and non routine activities; all personnel and all facilities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: There were no changes in facilities or operations since the Facility, Area, and Job Risk Assessments were completed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: <ul style="list-style-type: none"> <li>▪ Document reviewed: JRA - Office Work, JRA-QMO-0: A request was made to have ergonomic reviews conducted.</li> <li>▪ Document reviewed: FRA - General Office Space and Kitchen Area, QMO-FRA-GEN-OFF: Purchase updated appliances to eliminate potentials hazardous with older appliances.</li> <li>▪ Document reviewed:</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified?</b> Observed State: Confirmed that new appliance are in place and that ergonomic reviews were done.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: QMO uses the BNL requisition system to flow any requirements pertaining to operational controls to contractors/interested parties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above.					
COMMENTS: QMO activities are largely office work (e.g., computer related activities).					
FINDING: None					

Organization: SORD- Quality Management Office (QMO)		Date: 3/13/08		Auditor: S. Stein	
Element: <b>4.5.4</b>		Title: <b>Control of Records</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: QMO follows the Environment, Safety and Health Directorate procedure, <u>DH-ADM-002 - ESH&amp;Q Directorate Records Management Procedure</u> . QMO has its own file codes, that are currently being revised.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Records are stored in file folders with descriptive tabs. The records listed below were legible and retrievable. The file folders do not have the file code listed. (OFI).		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: All records are stored in file cabinet and separate file folders in Bldg. 902C. It was observed that FY07 JRA/FRA and Objective/Targets records were not cutoff after the year.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location: FY08 JRA/FRA – hall file cabinet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: FY08 Objective/Targets – hall file cabinet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: R2A2s – R. Lebel's office, file cabinet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: See above					
COMMENTS:					
FINDING: See finding noted in item 3.					



Organization: SORD- CEGPA		Date: 3/24/08		Auditor: N. Bernhole/F. Horn	
Element: 4.3.1		Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Observed State: NA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: All risk assessments reviewed are up to date. The organization has started the review process of the JRAs. At this time 4 JRAs have been reviewed and about 1/3 are anticipated to be completed this year.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>OFI.</b> On the Photo Archiving JRA. Keep track of expected improvements separately until it is actually put in place. <b>OFI.</b> Production services indicated at the top of the JRA what changes were made in the document. Additionally place a bar on the side of the row where a change is made.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: No changes have occurred that necessitated a change in the risk assessment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: ▪ Document reviewed: Email from F. Horn to R. Backofen regarding replacement of press wash chemical. The email indicated that the new choice was equivalent to the old item.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified?</b> Observed State: Workers were observed using hearing protection and safety shoes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Users indicate that they escort vendors who do not go through contractor vendor training. Vendors that come in routinely go through contractor vendor training. Others require a visitor notification to Work control Manager through BNL Visitor notification system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: 1. Reviewed JRA Book for Production Services 2. Manual Paper Handling, Driving; Copy Services; Archiving - These JRAs were reviewed as part of the review cycle 3. R. Backofen provided Auditor copy of outlook task that he created to review the JRA's annually. 4. Contractor Vendor Training viewed for PG Contractors.					
COMMENTS: Item 2. <b>OFI.</b> On the Photo Archiving JRA. Keep track of expected improvements separately until it is actually put in place. <b>OFI.</b> Production services indicated at the top of the JRA what changes were made in the document. Additionally place a bar on the side of the row where a change is made.					
FINDING:					

Organization: SORD- CEGPA		Date: 3/24/08		Auditor: N. Bernhole/F. Horn	
Element: 4.3.3		Title: <b>Objectives and program(s)</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Are organization level Objectives established and at what frequency?</b>  <b>Is there a documented frequency to review status of objectives? (other than SBMS)</b> Observed State: Objectives are established annually. The current objectives were viewed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</b> Observed State: The objectives incorporate the laboratory commitment to Improve Accident/Injury injury rate performance from previous years and meet or exceed DOE goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) Designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</b> Observed State: The responsible persons are indicated for achieving the objectives and a time frame is given.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How are objectives made known to the employee/guests that are supposed to achieve them?</b> Observed State: Goals and objectives are located on CEGPA OSH website and in CEGPA business plan. Everyone has access and the owners report at CEGPA manager's meetings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: CEGPA 08 Objectives Minutes from manager's meeting. To be forwarded.					
COMMENTS					

FINDING: CEGPA meets the requirement in this area.

Organization: SORD- <b>CEGPA</b>		Date: 3/24/08		Auditor: N. Bernholz/F. Horn	
Element: <b>4.4.5</b>		Title: <b>Control of Documents</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: Document review process was observed for 3 Office of education procedures and the JRA process.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.)</b> Observed State: On the last page of the documents the revision number is indicated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: A copy of the document was located at the field location. The central posting board was viewed in building 438. The M. Morris is responsible for the board and indicated that he attends building manager meetings that discuss what needs to be posted and is a recipient of the postings. If he misses a meeting he can refer to the building manager website which indicated what needs to be posted. <a href="http://bldgmanagers.bnl.gov/">http://bldgmanagers.bnl.gov/</a> <a href="http://bldgmanagers.bnl.gov/faqs/BNL%20Official%20Postingsrev030107.pdf">http://bldgmanagers.bnl.gov/faqs/BNL%20Official%20Postingsrev030107.pdf</a> S. Bronson indicated that the updated procedures are kept at the site.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: Originals are kept filed in central locations as indicated in the document OFI: The filing location list is in process of being updated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: NA.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: Obsolete documents were shown with the word obsolete written on it. The users are in middle of updating document and are researching other methods of doing this.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>PROCEDURES AND DOCUMENTATION REVIEWED:</p> <p>CEGPA JRAs.</p> <p>Office of Education Learning Procedures – continued on next page.</p> <p>Static Electricity</p> <p>Advanced Static Electricity</p> <p>RHIC Lesson</p> <p>Office of Education/Medical Work Permit.</p> <p>Persons Interviewed: R. Backofen, S. Bronson, K. Gurski, M. Morris; K. White</p> <p>COMMENTS:</p> <p>OFI: The Office of Education procedures are given a new revision number even if no changes are made (except for the signature). It is suggested to have a paragraph at the end of the document the shows the change history (e.g. if there is no change and reason for the change. It can also be kept as a separate document indicating the details of this information.</p> <p>OFI: Some forms that are used to register incoming students do not have dates on them. Though this is not a safety and health issue it is suggesting that they also have dates and or revision numbers.</p> <p>FINDING:</p> <p>OFI: The Health &amp; Safety Record/Document Management Requirement – Line Organization Files for CEGPA/PA is in process of being updated due to location changes for buildings. Vv</p> <p>OFI: The Office of Education procedures are given a new revision number even if no changes are made (except for the signature). It is suggested to have a paragraph at the end of the document the shows the change history (e.g. if there is no change and reason for the change. It can also be kept as a separate document indicating the details of this information.</p> <p>OFI: Some forms that are used to register incoming students do not have dates on them. Though this is not a safety and health issue it is suggesting that they also have dates and or revision numbers.</p>					

Organization: SORD- <b>CEGPA</b>		Date: 3/24/08		Auditor: N. Bernholz/F. Horn	
Element: <b>4.4.6</b>		Title: <b>Operational Control</b>			
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization have program[s] to implement:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> a) operational controls, as applicable to the organization and its activities; the organization shall integrate those operational controls into its overall OH&S management system;					
<input checked="" type="checkbox"/> b.) controls related to purchased goods, equipment and services; The users purchase good through the purchasing system which has built in controls					
<input checked="" type="checkbox"/> c.) controls related to contractors and other visitors to the workplace;					
<input checked="" type="checkbox"/> d.) procedures to cover situations where the absence could lead to deviations from the OH&S policy and the objectives;					

<input checked="" type="checkbox"/> <i>e.) stipulated operating criteria where their absence could lead to deviations from the OSH policy and the objectives.</i>				
<p>Observed State: a. Individuals use the JRAs to develop operational controls. They also use procedures. b. Individuals purchase items through the purchase requisition system which has built in controls. They also involve the safety rep /IH rep in selection of goods. c. Individuals either go through contractor vendor training or are escorted by the department. With regard to students they follow sbms. Documents showing how this is implemented (Examples of how students are handled and visiting schools) were viewed.</p>				
<p>2. <b>How do organization OH&amp;S programs include the management of change?</b> Observed State: Individuals subscribe to the SBMS system and are notified of change.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>3. <b>Are relevant procedures and requirements communicated to the appropriate suppliers and contractors (are operational controls in place and working as expected)?</b> Observed State: Contractors are escorted and informed of operational controls.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>PROCEDURES AND DOCUMENTATION REVIEWED: CEGPA JRAs Link that provides the process for bringing OEP collaborators in: <a href="https://sbms.bnl.gov/sbmsearch/subjarea/50/50_Pro9.cfm">https://sbms.bnl.gov/sbmsearch/subjarea/50/50_Pro9.cfm</a> Here is the link for the minors who come here: <a href="https://sbms.bnl.gov/sbmsearch/subjarea/110/110_SA.cfm?parentID=110">https://sbms.bnl.gov/sbmsearch/subjarea/110/110_SA.cfm?parentID=110</a> Letter to visitors of the Science Learning center indicating check-in procedure at the gate. Persons Interviewed: R. Backofen, S. Bronson, K. Gurski, K. White; D. Donoghue</p>				
<p>COMMENTS: For visiting scientists, collaborators, Science Undergraduate Laboratory Internships, and extensive orientation program is in place. For the Science Learning Center, Gail Donoghue indicated that lesson plan for the topics presented are reviewed and copies are kept at the site and in the main office area. For general visits, guides are taught to cover general safety items and it is the policy that a guide/instructor accompanies each group. The visiting teacher is responsible for the headcount. Exits, prohibitions on running, are covered with the visitors.</p>				
<p>FINDING: OFI. Instructors are trained to provide safety information. In the future consider having a checklist or some other item to insure that the instructors cover those items. Date the checklist and mark with a revision number so that it is known what the correct version is.</p>				

Organization: SORD- OMC	Date: 3/27/2008	Auditor: T. Maugeri			
Element: 4.4.5	Title: Control of Documents				
Audit question	Major	Minor	OFI	Meets	
<p>1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: OMC maintains a project matrix to track a 3 year cycle of review and revision to its Policies – they are reviewed by an SME, revised as necessary and reviewed by the QISC Committee and approved by Dr. Falco.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>2. <b>Does the organization ensure that changes and the current revisions status of documents are identified? (example: track changes, margin bars, italics, or part of the document that reviews changes.)</b> Observed State: Documents have a section to track changes.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: OMC documents are maintained on OMC's M drive with revision numbers associated with them.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: They are maintained on a shared network drive and are tracked using revision numbers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: None know to exist</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: The process and procedure is in place as per Chapter 10 of OMC's Policy Manual. The Medical Records Administrator is implementing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<p>PROCEDURES AND DOCUMENTATION REVIEWED: Chapter 10 of the OMC Policy Manual.</p>					
<p>COMMENTS: Interviewed M. Raynor who is the OMC Medical Records Administrator.</p>					
<p>FINDING: None</p>					

Organization: SORD- Human Resources	Date: 3/27/2008	Auditor: T. Maugeri			
Element: 4.5.3	Title: Incident investigations, Nonconformity, Corrective and Preventive Action				
Audit question	Major	Minor	OFI	Meets	
<p>1. <b>Does the organization use their own procedure(s) for record, investigate and analyze incidents? (X rely on SBMS)?</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. <i>Is it effective to:</i> <input type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input type="checkbox"/> b.) identify the need for corrective actions; <input type="checkbox"/> c.) identify opportunities for preventative action; <input type="checkbox"/> d.) identify opportunities for continual improvement; <input type="checkbox"/> e.) communicate the results of such investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <i>Were investigations performed in a timely manner? (Determine the timing of investigation[s])</i> Observed State: ORPS categorizer notified on 2/9 – (accident was on 1/22) – this may have been due to the change in the severity of the accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <i>Were corrective actions or opportunities for preventative action determined?</i> Observed State: Employee counseled by Line Organization. ESH Coordinator reviewed JRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <i>How were the results of incident investigation documented and maintained?</i> Observed State: BNL Accident Investigation from filled ou	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <i>Were risk assessments conducted or revised as a result of incidents/events?</i> Observed State: Review of JRA occurred – no revisions made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. <i>Did the organization record any changes in their documented procedures resulting from corrective and preventative actions?</i> Observed State: No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Incident Investigation Report for R. Rinello				
COMMENTS: None				
FINDING: None				

Organization: <b>SORD- HR/Training/OMC</b>	Date: /27/2008	Auditor: T. Maugeri			
Element: <b>4.5.4</b>	Title: <b>Control of Records</b>				
Audit question	Major	Minor	OFI	Meets	
1. <i>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</i> Observed State: OMC – yes, Training – yes, HR – no but under development	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. <i>Are organization's OSH records legible, identifiable and traceable?</i> Observed State: All - yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <i>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</i> Observed State: OMC – maintains 2 record rooms in Building 400. Training – maintains records on a computer database HR – maintains paper records. Once a person terminates, the records are scanned and sent to 'Iron Mountain.' Maintained in fire proof cabinets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: OMC – Building 490	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location: HR – Building 400	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED: OMC – Chapter 10 of Policy Manual Training – TQ Maintenance and Archiving or Radiological Training Records, TQ – Administration of Data Entry/QA, TQ – Training Database Updates					
COMMENTS: None					
FINDING: None					

Organization: <b>SORD- Information Technology Division</b>	Date: /24/08	Auditor: ML Heinrich			
Element: <b>4.3.1</b>	Title: <b>Planning For Hazard Identification, Risk Assessment and Risk Control</b>				
Audit question	Major	Minor	OFI	Meets	
1. <i>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</i> <input checked="" type="checkbox"/> <i>No</i> Observed State: SBMS Subject Areas and OHSAS are sources for documents used by ITD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <i>Are the line organizations Risk Assessments up-to-date? Yes Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</i> Observed State: ITD has developed FRA's and JRA's for all hazards relating to the work we do. A JRA for Business Travel was added this year and presented to all staff (employees and contractors) at a Division meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <i>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</i> Observed State: JRA's and FRA's are updated as required by changes in facilities or operations. ITD's FRA for ITD Facilities with Computer Centers is an example (it was revised 9/24/07).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents? Yes</b> Observed State: <ul style="list-style-type: none"><li>Document reviewed: Facility Risk Assessment for ITD Facilities with Computer Centers - FRA-AO-02</li><li>Document reviewed: Work Permit # AO-121</li><li>Document reviewed: ITD Division Meeting 1/30/2008 Presentation</li><li>Document reviewed: ITD generated records in BNL Safety Observation Database</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified? Opportunity for Improvement</b> Observed State: <ul style="list-style-type: none"><li>ITD has created guidelines "Procedures and Guidelines for Safely Performing Work in the BCF". This document is read and signed before access to Computing Center is approved.</li><li>ITD Supervisors on BNL Safety Observation (STOP) observed technician working without hearing protection. Several actions were taken as immediate response for situation.</li><li>Long-term, new operational controls (a Standard Operating Procedure document and a Web Course) are needed to identify controls for work activities performed in the facility. This work is underway.</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: <ul style="list-style-type: none"><li>Documents-Email response to Escort for a Vendor Technician coming through Front Gate to perform work on site;</li><li>Work Permit # AO-121.</li><li>Contractors receive the same New Employee Training as a new BNL staff person - BNL Web Courses, Classroom General Employee Training (GET)</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> <ul style="list-style-type: none"><li>ITD's JRAs and FRAs, in particular the FRA for ITD Facilities with Computer Centers and the JRA for Business Travel, Domestic &amp; Foreign.</li><li>Procedures and Guidelines for Safely Performing Work in the Brookhaven Computer Facility</li><li>Work Permit # AO-121</li></ul>				
<b>COMMENTS:</b> <ul style="list-style-type: none"><li>FRA-AO was recently revised and therefore was evaluated to see how the revisions changed risk in the computer centers.</li><li>Work Permit #AO-121 was reviewed because it showed how ITD uses BNL's Work Permit Process even for low risk, complexity, &amp; coordination ratings. as a way to go through specifics with outside contractors performing work in ITD facilities. This is documentation found among ITD's Work Permits of what process is being used with vendor technicians to assure operational controls are reaching outside contractors.</li><li>ITD is in the process of finalizing a web course for working safely in the BCF. When completed the document "Procedures and Guidelines for Safely Performing Work in the Brookhaven Computer Facility will be terminated. Currently cardreader access into the Computer Centers is not given until the document is signed. In the future, cardreader access will not be given until the Web Course is completed.</li><li>Hearing PPE is one example of controls for risk assessment. It requires immediate response if the actual control will take time to put in place. Both are required of the department.</li></ul>				
<b>FINDING:</b>				

Organization: SORD- Internal Audit & Oversight Office		Date: 3/28/08		Auditor: R. C. McNair IA&O Manager			
Element: 4.4.4		Title: Documentation					
Audit question				Major	Minor	OPI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following? IA&amp;O does not maintain the OH&amp;S Management System. IA&amp;O complies and follows the requirements in SBMS.</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> a. <b>Description of the scope of the OH&amp;S management system for its organization (X or does it fit within the SBMS scope) IA&amp;O refers to and complies with the OSH Management System Program Description Manual for the Support Organizations Reporting to the Director's Office.</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents (X or does it fit with the SBMS Subject Area) IA&amp;O refers to and complies with the SBMS Subject Area.</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as JRA's</b> <input checked="" type="checkbox"/> <b>Hazard List</b> (IA&O management and staff review, discuss, update and approve the Hazard List and Targets/Objectives.) <input checked="" type="checkbox"/> <b>Risk Assessments</b> <input checked="" type="checkbox"/> <b>Objectives</b> <input type="checkbox"/> <b>Management Reviews (Reviews and conducted at the SORD level.)</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input checked="" type="checkbox"/> <b>Controlled Document Postings:</b> Postings are checked during quarterly walkthroughs of the office area. <input checked="" type="checkbox"/> <b>Record Storage location</b> (or does it use Foremost only): The IA&O Records Representative maintains OSH records in Foremost. Also, the shared 'I' drive has been created that maintains the OSH documentation which is backed up by ITD. An OSH-EMS binder contains all current documentation and located in an area that is accessible to all IA&O staff. The OSH Filing Document is also maintained by the IA&O Records Rep. <input type="checkbox"/> <b>Monitoring Records</b> N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> IA&O Manual, IA&O OSH Management Plan (Targets), FRA, JRAs, Foremost							

COMMENTS:				
FINDING:				
Organization: SORD- Internal Audit & Oversight Office		Date: 3/28/08	Auditor: R. C. McNair, IA&O Manager	
Element: 4.4.5	Title: Control of Documents			
Audit question	Major	Minor	OFI	Meets
1. <b>Does the organization approve documents for adequacy prior to use and review, update as necessary and re-approve document?</b> Observed State: IA&O Management and staff conduct meetings and discussions to review and update documents. Manager approval is required on all controlled documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Does the organization ensure that changes and the current revisions status of documents are identified?</b> (example: track changes, margin bars, italics, or part of the document that reviews changes.) Observed State: - Communicate the changes verbally - Revisions are marked on documents (hard copies and on 'I' Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. <b>Does the organization ensure that relevant versions of applicable documents are available at points of use?</b> Observed State: IA&O follows the SBMS Subject Area, Internal Control of Documents. The IA&O Manual is controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>How does the organization ensure that documents remain legible and readily identifiable?</b> Observed State: 'I' Drive – folders identified. Original records (hard copies) are appropriately filed. "I" drive is also backed up on an ITD server.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are OH&amp;S documents external origin identified and their distribution controlled?</b> Observed State: This is not applicable to IA&O.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>How does the organization prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose (ie. Stamped "obsolete" or other suitable wording)?</b> Observed State: - The shared 'I' Drive OHSAS folders are labeled as "Legacy" and/or "obsolete". Also, the hard copies of OSH documentation are labeled "Obsolete" and are kept in IA&O Manager's Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Checked the binders of prior years OSH documentation to ensure that it was labeled correctly. Checked "I" drive OSH folders.				
COMMENTS:				
Element 4.4.5 item #2: Opportunity for Improvement: In the future, changes will be marked with an asterisk and a note will be placed at the bottom of the document noting the change.				

Organization: SORD- Internal Audit & Oversight Office		Date: 3/28/08	Auditor: R. C. McNair, IA&O Manager	
Element: 4.5.4	Title: Control of Records			
Audit question	Major	Minor	OFI	Meets
1. <b>Does line organization implement its own procedure(s) for the identification, storage, protection, retrieval, retention and disposal of records?</b> Observed State: No, IA&O Records Representative follows SBMS requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are organization's OSH records legible, identifiable and traceable?</b> Observed State: Yes. IA&O OSH records are maintained on a shared drive that is backed up by ITD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Are the records stored and maintained such that they are readily retrievable and protected against damage, deterioration or loss? (Evaluate at least three record locations/owners)</b> Observed State: A simple file code letter system identifies documentation in file cabinets located in the IA&O Office space due to privacy issues (cubicle setup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Rm. S-203-7 Self Assessment/Business Plan/Tier 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: Hallway file cabinet outside Rm. S-207 (Current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location: File cabinet Rm. S-207 (Obsolete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Location:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Letter code system reviewed and updated to incorporate all file description types. 'I' drive OSH folder review				
COMMENTS:				
FINDING:				

Organization: Director's Office		Date: 3/28/08	Auditor: N. Bernholc
Element: 4.3.1	Title: Planning For Hazard Identification, Risk Assessment and Risk Control		

Audit question	Major	Minor	O/I	Meets
1. <b>Does the organization use a methodology of documenting risk assessment and control other than that described in SBMS OHSAS 18001 Program ?</b> <u>  x  </u> No <u>    </u> Yes. Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>Are the line organizations Risk Assessments up-to-date? Do they cover current full scope of operations; routine and non routine activities; all personnel and all facilities?</b> Observed State: The reviews are currently not due. For FY 08, selected reviews need to be scheduled and performed before September 30, 2008.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Have changes occurred in the organization's facilities or operations that necessitated a change in the risk assessments? Were they up-to-dated to cover the scope of the change?</b> Observed State: Employees of Strategic Planning have been moved to Building 185 from Building 475. The EENS FRA for building 185 covers these individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. <b>Did the organization observe the hierarchy of controls (i.e.: a.) elimination; b.) substitution; c.) engineering controls; d.) signage/warning and/or administrative controls; e.) personal protective equipment) when determining controls within risks assessments and other planning documents?</b> Observed State: ▪ Document reviewed: Office JRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Are operational controls in place and working as specified?</b> Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. <b>What is the mechanism to inform contractors/interested parties of relevant operational controls applying to them?</b> Observed State: Visitors are registered in the Guest Information System Database and accompanied by a BNL representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: 5. Strategic Planning/Director's office JRA/FRA 6. Safety Inspection Tier 1 May 2007.				
COMMENTS: The Tier 1 inspection will be conducted in the next quarter. The JRA and FRA appear to be adequate at this time.				
FINDING: None				

Organization: <b>Legal</b>	Date: 3/28/08	Auditor: N. Bernholc			
Element: <b>4.3.2</b>	Title: <b>Legal and other Requirements</b>				
Audit question	Major	Minor	O/I	Meets	
1. <i>Is someone (or more than one) within the organization designated to keep current on requirements?</i> What is the method: <u>  x  </u> SBMS Subscription <u>    </u> Other: Within the Legal Office, information is sent for distribution through the QM Office if it is a SBMS requirement. Otherwise, request for interpretation of requirements is addressed on a case-by-case basis through the Legal Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. <i>How are requirements communicated to all interested parties?</i> Observed State: The SBMS Requirements Management Office assures that interested parties are informed of legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. <i>Does the line organization serve as the SBMS SME, BNL Authority Having Jurisdiction, or otherwise serve as the BNL Subject Matter Expert for any OH&amp;S hazard?</i> <u>  x  </u> No <u>    </u> Yes: <i>If yes, what procedures have been established for identifying and accessing the legal and other OSH requirements that are applicable to BNL.</i> Observed State:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. <i>If yes to 1, Are the procedures being implemented at a sufficient interval to ensure the legal and other OSH requirements are up-to-date?</i> . Observed State: The SBMS Requirements Management Office assures that interested parties are informed of legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. <i>If yes to #1: What are the mechanism to communicate relevant information on legal and other requirements to persons working under its control, and other relevant interested parties?</i> Observed State: The SBMS Requirements Management Offices assures that interested parties are informed of legal requirements. With regard to Freedom of Information Act (FOIA) Requests: The Correspondence and Commitment Tracking System (CTTS) subject area was reviewed. It indicates that FOIA requests be entered into CTTS. A review of the process indicates that the Legal Office is not currently entering FOIA requests into CCTS but instead is tracking these within their own system. The Legal Office indicated that they will request a change in the CCTS subject area.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PROCEDURES AND DOCUMENTATION REVIEWED:					
COMMENTS: The legal office may help interpret some of the requirements but the ESH Directorate oversees the day-to-day safety items.					
FINDING:					
<ul style="list-style-type: none"><li>Evaluate the appropriate place to discuss the logging of FOIA requests. Update the document to reflect the outcome of the evaluation.</li></ul>					

Organization: <b>Director's Office/Strategic Planning /Legal</b>	Date: 4/01/08	Auditor: N. Bernholc
Element: <b>4.3.3</b>	Title: <b>Objectives and program(s)</b>	

Audit question	Major	Minor	OFI	Meets
1. <b>Are organization level Objectives established and at what frequency?</b> <i>Objectives were discussed but not formally documented. Agreement was made to adopt the contract PEMP metrics. Is there a documented frequency to review status of objectives? (other than SBMS)</i> Observed State: The Brookhaven National Laboratory Strategic Plan was reviewed for FY 08. The FY2008 PEMP plan is posted. Individual Director Office objectives were discussed but not formally documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. <b>Are the Objectives measurable, where practicable? Are they consistent with the site level objectives, OH&amp;S policy, including the commitments to the prevention of injury and ill health, to compliance and other requirements to which the organization subscribes, and to continual improvement?</b> Observed State: There are requirements for managers to perform safety observations and enter them in an existing database.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. <b>Has the organization implemented a program[s] for achieving its objectives? Does it include a.) designation of responsibilities and authority for achieving objectives; and b.) means and time frame by which the objectives are to be achieved.</b> Observed State: Due to change in personnel the action to document and objectives needs to be reassigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. <b>How are objectives made known to the employee/guests that are supposed to achieve them?</b> Observed State: See comments in 1 and 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Policy & Strategic Planning Website for Institutional plan and performance summaries. Brookhaven National Laboratory Strategic Plan Brookhaven National Laboratory Annual Laboratory Plan FY 2008 Performance Evaluation and Measurement Plan				
COMMENTS: An individual has been assigned to address the items.				
FINDING: OFI: Individual Director Office objectives were discussed but not formally documented. An individual is assigned to address the items.				

Organization: <b>SORD</b>	Date: 03/28/08	Auditor: N. Bernholc			
Element: <b>4.4.4</b>	Title: <b>Documentation</b>				
Audit question		Major	Minor	OFI	Meets
1. <b>Does the organization maintain OH&amp;S management system documentation for the following?</b> Record location of the document/record: OSH management documentation is maintained online. The OSH manual was developed prior to site-wide certification. We are considering eliminating the individual document and just falling under the SBMS document.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> a. <b>Description of the <u>scope</u> of the OH&amp;S management system for its organization</b> ( <input checked="" type="checkbox"/> or does it fit within the SBMS scope) Fits within the scope of the SBMS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> b. <b>Description of the main elements of the OH&amp;S management system and their interactions, and reference to related documents</b> ( <input checked="" type="checkbox"/> or does it fit with the SBMS Subject Area)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. <b>Documents &amp; records required by this OHSAS 18001 Standard, such as</b> <input checked="" type="checkbox"/> <b>Hazard List – Established by each department/division</b> <input checked="" type="checkbox"/> <b>Risk Assessments – Conducted by each organizations</b> <input checked="" type="checkbox"/> <b>Objectives – Some organizations have developed objectives independently. Other organizations have decided to combine objectives. The objectives were discussed but not formally documented.</b> <input checked="" type="checkbox"/> <b>Management Reviews – The 2007 Management review was done in November and the minutes finalized. The final version needs to be posted on the web.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. <b>Documents &amp; records necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH&amp;S risk</b> <input checked="" type="checkbox"/> <b>Controlled Document Postings</b> <input checked="" type="checkbox"/> <b>Record Storage location</b> (or does it use Foremost only) <input type="checkbox"/> <b>Monitoring Records NA</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURES AND DOCUMENTATION REVIEWED: Record storage location is clear for most of the Directorates/Divisions. Information regarding storage location for the remaining areas need to be updated and reassigned due to changes in personnel.					
COMMENTS:					
FINDING: OFI: Post the minutes for the SORD Management Review. OFI: Strategic Planning website: In presentations, include the date of the presentation within the document. OFI: Update the DO Health & Safety Record/Document Management Requirements Line Organization File list.					



Organization: Director's Office /CIO		Date: 3/28/08		Auditor: N,Bernhole	
Element: 4.5.3		Title: Incident investigations, Nonconformity, Corrective and Preventive Action			
Audit question		Major	Minor	OFI	Meets
1. Does the organization use their own procedure(s) for record, investigate and analyze incidents? (___x___rely on SBMS)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is it effective to: NA <input type="checkbox"/> a.) determine underlying OH&S deficiencies and other factors that might be causing or contributing to the occurrence of incidents; <input type="checkbox"/> b.) identify the need for corrective actions; <input type="checkbox"/> c.) identify opportunities for preventative action; <input type="checkbox"/> d.) identify opportunities for continual improvement; <input type="checkbox"/> e.) communicate the results of such investigations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Were investigations performed in a timely manner? (Determine the timing of investigation[s]) Observed State: No investigations were needed for Counterintelligence and Legal. One accident form was completed by the former Director's office ESH coordinator.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Were corrective actions or opportunities for preventative action determined? Observed State: None were determined. It was deemed not applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How were the results of incident investigation documented and maintained? Observed State: A copy is filed with J. Ellerkamp.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Were risk assessments conducted or revised as a result of incidents/events? Observed State: The injury involved cutting lunch items. This was not part of the normal work since it occurred during lunch time.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did the organization record any changes in their documented procedures resulting from corrective and preventative actions? Observed State: No.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROCEDURES AND DOCUMENTATION REVIEWED:</b> SBMS Subject areas: <ul style="list-style-type: none"> <li>• Investigation of Incidents, Accidents, and Injuries</li> <li>• Injury Management</li> <li>• 10 CFR 851</li> <li>• Illness Injury statistics</li> <li>• Accident Report</li> </ul>					
<b>COMMENTS:</b> Two organizations within SORD have asked to review incident/accident reporting procedures. This will be done in FY08.					
<b>FINDING:</b> OFI: Consider whether food preparation needs to be included in JRAs even though it is not part of work activity.					